

Department Overview

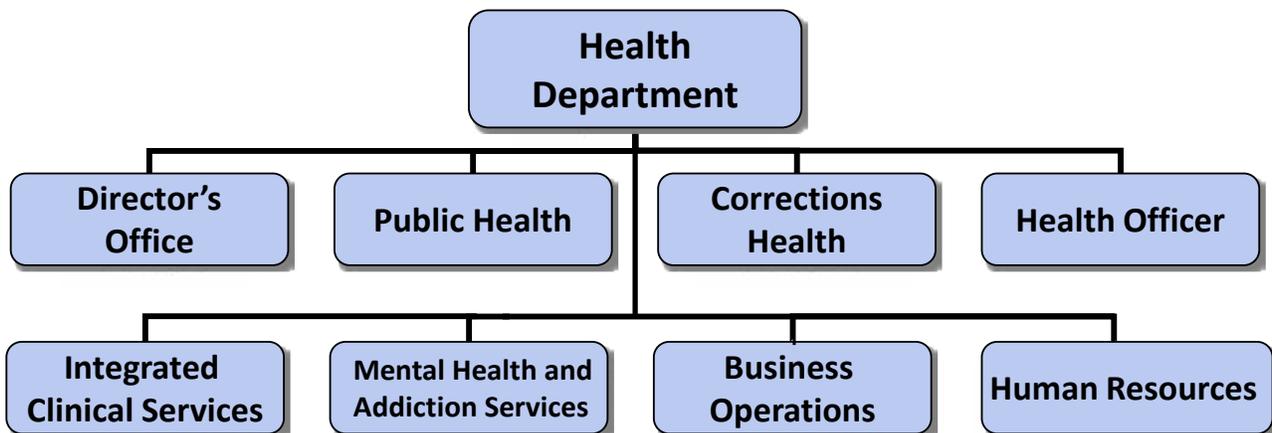
The Health Department’s vision ‘Healthy People in Healthy Communities’ guides our work.

The Department has six broad goals:

- 1) Effectively position Multnomah County Health Department as a trusted partner to state/local officials for assessment, policy development and long-range planning.
- 2) Develop a finance strategy to preserve critical services and support infrastructure for improved health outcomes.
- 3) Fundamentally change the way we do our work to challenge embedded internal and external structures that contribute to inequity.
- 4) Genuinely engage with communities and staff to drive positive changes.
- 5) Recruit, retain and promote a diverse, inclusive and high performing workforce.
- 6) Increase our effectiveness and reduce duplication across service areas.

To achieve these six goals, the Department uses these key strategies:

- Influence federal, state, and local officials to address community health priorities in planning, policy development, financing and legislation;
- Prioritize investments in programs and infrastructure that improve health outcomes and health equity;
- Integrate the preliminary steps of trauma-and equity-informed practices across our organization;
- Partner with our diverse communities to identify, evaluate, and communicate the health equity impacts of public policies;
- Include employee voice in strategy, policy, and decision-making;
- Develop a diversity-focused succession plan that recognizes and invests in the talent and potential of employees at all levels of our organization;
- Strengthen the skill of managers and supervisors to lead with intention, transparency and inclusion;
- Evaluate current processes and services to identify and address duplication;
- Leverage technology to drive innovation, efficiency and cost savings.



Budget Overview

The FY 2020 Health Department Adopted budget is \$340.5 million, a 1.6% increase from the FY 2019 Adopted budget. General Fund expenditures, which make up \$151.1 million (44.4%) of the total, decreased by approximately \$1.2 million (1%). Medicaid and Federally Qualified Health Center (FQHC) Alternative Payment Method, Patient Centered Primary Care Home Program (PCPM) and other Medicaid specific revenues are recorded in the General Fund and account for \$50.7 million. The remainder of the Health budget (\$189.4 million) comes from Federal and State revenue, including grants, Medicaid, Medicare and other medical fees.

Facing declining resources and increasing personnel costs, the Adopted budget for the Health Department provides additional support to certain critical and mandated programs but reduces others. The Adopted budget for Corrections Health Division, which is funded exclusively by the General Fund, increased by just over \$4.1 million (21%) to address increasing costs for outside (hospital) medical care and accreditation requirements. In contrast, the Adopted budget for the Public Health Division decreased by \$2.8 million, reflecting reductions in Nurse Family Partnership program capacity, communicable disease services, and administrative support. In addition, the Adopted budget for Integrated Clinical Services, significantly reduced General Fund employees in response to flat or declining revenues.

The FY 2020 Health General Fund allocation includes \$1.7 million in new, ongoing funding in the following program offers:

Ambulance Services – Medical First Response (40004C)	\$95,000
Corrections Health MCDC Outsourced Medical (40050D)	\$750,000
Corrections Health MCIJ Outsourced Medical (40051D)	\$750,000
Office of Consumer Engagement (OCE) (40065B)	\$105,839

A list of programs funded one-time-only can be found on page 33 in the Budget Director’s Message.

Budget Trends	FY 2018	FY 2019	FY 2019	FY 2020	Difference
	Actual	Current	Adopted	Adopted	
		Estimate	Budget	Budget	
Staffing FTE	1,403.21	1,427.10	1,427.10	1,404.64	(22.46)
Personnel Services	\$163,780,011	\$174,669,120	\$178,833,310	\$188,104,697	\$9,271,387
Contractual Services	73,096,882	80,712,425	89,074,323	80,519,475	(8,554,848)
Materials & Supplies	22,531,001	21,733,239	22,162,072	24,914,768	2,752,696
Internal Services	40,583,139	43,492,893	44,397,607	46,201,226	1,803,619
Capital Outlay	<u>115,144</u>	<u>315,982</u>	<u>570,000</u>	<u>780,000</u>	<u>210,000</u>
Total Costs	\$300,106,177	\$320,923,659	\$335,037,312	\$340,520,166	\$5,482,854

*Does not include cash transfers, contingencies or unappropriated balances. Due to the transition to a new ERP system, some services that were budgeted in Contractual Services or Materials & Supplies before FY 2020 are now in Internal Services.

Successes and Challenges

The Department delivers critical services to a diverse population across our County including:

- Protecting the environmental health of our community including addressing lead in our water, inspecting public facilities, and stopping the spread of disease.
- Monitoring and treating communicable and sexually transmitted diseases.
- Promoting healthy behaviors, safe and healthy environments and social norms in Multnomah County particularly for people experiencing health disparities. Implementing a comprehensive five-year Community Health Improvement Plan to address racial and ethnic health disparities in Multnomah County.
- Providing health care and behavioral health care for all individuals housed in the county's two jails and one juvenile detention facility.
- Mental health crisis services, school based mental health and suicide prevention services available to the whole community.
- Managing specialized mental health services for the seriously mentally ill, with strategies to help mentally ill individuals in the criminal justice system.
- Coordinating the broad range of mental health and addiction services available to people living in Multnomah County insured by the Oregon Health Plan.
- Providing primary care, pharmacy, and dental care services provided for an economically vulnerable, racially and ethnically diverse patient population across seven primary care clinics, one HIV specialty primary care clinic, twelve Student Health Centers, and one dental clinic co-located at Central City Concern's Old Town Clinic

The Department faces significant funding challenges for the foreseeable future. After a period of health care expansion, federal funding is in question and state resources are flat or declining. While demand for mental health services remains high, our funding falls short of that demand.

Our Community Health Center (CHC) has responded to changes in the healthcare landscape. The CHC continues to innovate in order to meet the increasing needs and the changing demands of vulnerable communities, while also negotiating uncertain funding and ever changing federal and state policies.

Services to people held in our jails are mandated and are a critical part of our community safety net. Working in the jails is demanding and Corrections Health has consistently struggled to staff all positions. This results in mandatory overtime to assure adequate staffing. The cost of emergency room visits, laboratory tests, prescription drugs and hospital services continue to soar, placing additional stress on limited resources.

Funding for public health services is declining at a time when interest in addressing community-wide population health is rising. The Department will continue to focus on core public health services and reach out to community partners to build the community capacity to address public health needs.

Diversity, Equity, and Inclusion

Along with the external-facing work that prioritizes culturally-specific programming, services, and language access, the Health Department continues to deepen our internal diversity, equity and inclusion commitment. We do this by funding and resourcing the work including hiring an Equity Engagement Strategist who supports and reports to the Equity & Inclusion Manager. Our Equity Engagement Strategists educates, consults and supports staff to increase awareness and skills around equity practices.

The Health Department office of Equity and Inclusion (OEI) leads and coordinates a representative 20-person Workforce Equity Strategic Plan (WESP) committee that meets monthly. This diverse WESP committee works in partnership with the Departmental Leadership Team (DLT) to ensure alignment and agreement on priorities and approach. They spent the past six months learning about WESP, building trust, engaging County leadership and making recommendations on the short term WESP implementation plan.

Budget by Division

Division Name	FY 2020 General Fund	Other Funds	Total Division Cost	Total FTE
Director's Office	\$962,352	\$0	\$962,352	3.00
Business Operations	15,104,186	250,000	15,354,186	73.00
Corrections Health	23,661,002	0	23,661,002	115.15
Health Officer	4,286,701	2,218,375	6,505,076	29.80
Human Resources	3,830,603	0	3,830,603	23.75
Integrated Clinical Services	55,244,731	74,876,391	130,121,122	615.10
Mental Health and Addiction Services	19,384,122	84,217,831	103,601,953	274.41
Public Health	<u>28,621,362</u>	<u>27,862,510</u>	<u>56,483,872</u>	<u>270.43</u>
Total Health Department	\$151,095,059	\$189,425,107	\$340,520,166	1404.64

Director's Office

The Director's Office is responsible for providing dynamic, thoughtful leadership in line with the Health Department's vision of Healthy People in Healthy Communities. As the Department's mission is to ensure, promote and protect the health of Multnomah County residents, the Director's Office intentionally sets its strategic direction to fulfill this mission. The Director's Office provides leadership to more than 1,400 employees and is responsible for over \$340 million in the state, county and federally funded programs and services.

The Director's Office is the primary liaison to federal, state, and county elected officials, and the County's department leadership. The Director works in partnership with the leaders in Business Operations, Public Health, Tri-County Health Officer, Mental Health and Addiction Services and Integrated Clinical Services, a public Community Health Center/Federally Qualified Health Center, to provide quality best practice services; engage in strategic partnerships; provide leadership and direction for public health issues; manage the stewardship of public resources; ensure continuous improvement of service delivery systems; ensure public health emergency preparedness, and employ a diverse and highly qualified workforce.

Significant Changes

Health care transformation continues to be a major focus for the Director's office, an important component of which is monitoring and responding to changes in the funding environment, continuous quality improvement, and adaptation to meet the needs of the communities we serve.

Mental Health Medicaid funding is not sufficient to cover the costs of care. The department and the two other counties in our region worked together to create a regional behavioral health system for people with Medicaid insurance. We continue to work with Health Share of Oregon to increase rates and funding.

The Health Department continues to closely monitor both revenue and expense drivers, making adjustments in areas where those elements can be controlled. Other policy changes put revenue at risk, such as the federal government's strategy to severely restrict access to enrollment and eligibility to Medicaid coverage. The Department will continue to partner with the local and state health care system to mitigate potential impacts that limit access to services.

Internal priorities for the Director's Office include implementing the Workforce Equity Plan and continuing to build the capacity of leadership and staff to create a workplace culture of safety, trust, and belonging. Focusing on improving workplace culture will, in turn, improve our service to the community.

Health Officer

The Health Officer Division provides round-the-clock physician consultation, technical direction and leadership to support public health activities and clinical services in Multnomah County, fulfilling a requirement of Oregon statues. The Health Officer supervises the deputy health officer and EMS Medical Director for Multnomah County and, under contract, the Health Officers for Clackamas and Washington counties.

The Health Officer Division also includes Multnomah County EMS administration, the TC911 social worker case management program, the Multnomah County Medical Examiner (MCME), Multnomah County Public Health Emergency Preparedness, and the 6-county Health Preparedness Organization.

The Emergency Medical Services program is funded entirely through a franchise fee with American Medical Response. Public Health Emergency Preparedness Program is funded by the federal Centers for Disease Control and Prevention. The Regional Healthcare Preparedness Organization is funded through the federal Department of Health and Human Services and serves a 6-county region in NW Oregon.

Significant Changes

No major changes. In FY 2021, the six county regional healthcare preparedness organization will transition to the Oregon Health Authority to be in alignment with the other five regions in the state.

Public Health

The Public Health Division is statutorily responsible for promoting and protecting the health and preventing disease for the county's diverse communities. It is guided by public health science, best practice, and community-driven solutions, including the Public Health Advisory Board and Community Health Improvement Plan. Key capacities are health equity, policy and planning, communications, partnership development, and health monitoring and assessment. The Public Health Office of the Director supports the County Board of Health in setting policy to reduce health disparities in the leading cause of death and disability.

The division has three core functions. 1) Communicable Disease Services fulfills the mandate to limit the spread of reportable communicable diseases, including sexually transmitted diseases, through prevention; outbreak investigation; harm reduction; and clinical services for public health threats. 2) Environmental Health protects the safety of residents by inspecting licensed facilities; controlling vectors; and assuring healthy communities through addressing lead poisoning, air, and climate quality, and neighborhood and transportation design. 3) Prevention & Health Promotion works to improve population health through partnership building, providing technical assistance, addressing inequities, and implementing culturally specific strategies. Key initiatives include chronic disease and violence prevention; health equity, including support for internal workforce equity; epidemiology; substance use and overdose prevention; tobacco control and prevention; adolescent health; and maternal, child, and family health.

Significant Changes

The Public Health Division plays a unique and required governmental role to guide policies, systems, and programs that improve community health and resiliency. To fulfill this role, the division prioritizes programming with core functions and capacities that further equity-based, population-level strategies and approaches. Significant changes for FY 2020 include:

- Mobilizing the Public Health Office of the Director to support the County Board of Health in identifying equity-focused policy and systems level changes that better ensure health for all residents. This work integrates community partnerships; epidemiology/assessment; leadership; policy; and health equity.
- Merging communicable disease and STD/HIV/hepatitis C services to combine surveillance and evaluation, prevention, disease investigations/intervention/control, including clinical services. This reorganization maximizes community and health system capacity so the division can concentrate on diseases with the highest threat to population health and equity-focused technical assistance.
- Maintaining prevention and health promotion programs through the second round of Centers for Disease Control & Prevention Racial and Ethnic Approaches to Community Health grant funding and mobilizing with partners to have the Office of Adolescent Health reinstate Teen Pregnancy Prevention grant funding.
- Redesigning maternal, child and family health to prioritize direct services and population-level strategies and approaches that reach communities with the highest burden of health disparities.

Integrated Clinical Services

Integrated Clinical Services (ICS) provides quality health services for people who experience barriers to accessing health care. Culturally relevant clinical services provided by ICS, link physical and behavioral health and social services for the poor, uninsured and homeless populations. Services include dental and medical care, disease management for chronic illness, specialized care for HIV positive individuals, behavioral health, family planning, prenatal care, enabling services and preventive services such as well-child health care. Integrating these personal health care services provides clients with continuity of care, improves quality, operational efficiencies, and maximizes opportunities with grants and programs for special populations.

Clinical services are provided throughout the County including: 7 full-service health centers where medical, dental, and pharmacy services for children and adults are co-located; 10 Student Health Centers provide primary care services to adolescents in the schools and surrounding community; Billi Odegaard Dental Clinic with a focus on homeless services and La Clinica de Buena Salud are stand-alone sites. The School and Community Oral Health program also provided exams and sealants to over 4,100 school children. In the calendar year 2018, ICS provided services to over 66,000 of Multnomah County's most vulnerable residents.

Significant Changes

Staff continue to address clients' social determinants of health. Community Health Workers (CHW), for example, track their activities in primary care and dental by capturing "CareSteps" in the electronic health record. Primary Care and Public Health are partnering to support Latinx families in East County to increase engagement and improve health outcomes for families and pregnant women. To better leverage resources and address the growing need for medical and behavioral health services in East Multnomah County, Student Health Centers have reallocated services previously located at K-8 and middle schools to high schools.

ICS leadership are implementing activities in support of the County's Workforce Equity Strategic plan. Early work includes management and leadership training in Motivational interviewing, Transformational Communication and Leadership training, and clinical staff continues to engage in smaller, role-specific training to support their engagement with the diverse and vulnerable populations we serve.

Our clients represent many culturally and ethnically diverse communities. In 2017, 45% of visits were best served in a language other than English with over 100 different languages tracked last year. The percentage (6.5% in 2018) of clients over the age of 65 continues to rise as the population ages.

Business Operations

The Business Operations division provides leadership, policy and strategic direction to the Health Department. Its responsibilities include accounting, financial reporting, budget development and monitoring, medical account services, contracts and purchasing. The Budget, Accounting, Medical Accounts Receivable and Contracting services manage a budget of over \$340 million.

Business Operations is a bridge to the Department of County Assets (e.g. IT, facilities) and the Department of County Management (HR, Finance, Budget) for the provision of services and assuring compliance with County policies. Operations is responsible for the development and maintenance of the strategic plan, communications, and priority setting for IT and data resources.

Significant Changes

Workday has changed nearly all the business practices and operations. In FY 2019, staff assigned to help design and implement Workday strained the divisions ability to support current operations. With implementation complete, the division will be evaluating all systems, work flow and staffing to optimize Workday and take advantage of the new tools it offers.

Changes to funding and how we are reimbursed for services continues to evolve in all areas. In the primary care and dental clinics alternative payment methods (APM) are now a significant percentage of overall revenue. This requires new methods to monitor, collect and maximize payments. The Mental Health and Addiction Services Division is using APMs in a variety of provider agreements which requires changes to our contract, procurements and financial forecasting.

Human Resources

The Human Resources, Training and Workforce Development group provides guidance, consultation in administrative procedures, recruitment, employee/labor relations, class compensation, management competencies, personnel policies, labor contract interpretation, training facilitation, strategic leadership, employee development, and legal compliance.

Human Resources works in partnership with labor unions spanning four labor contracts including, three in AFSME Local 88 and the Oregon Nurses Association. The Human Resources team provides these services to over 1,400 employees and managers at over 50 locations across Multnomah County

Significant Changes

Unemployment rates continue to impact the ability to attract, recruit, and retain talent. Unemployment in the city of Portland is lower than it's been in almost 25 years and the healthcare industry is even more challenging to recruit from, with an unemployment rate at a nearly 50 year low. With the continued increase of healthcare competitors in the Portland-metro area, national recruitment strategies are a critical avenue to increase applicant pools. Aligned with the recommendations from the Workforce Equity Strategic Plan (WESP) and the Jemmott Rollins Group (JRG) recommendations, the Health Department will continue to identify diversity-focused strategies to improve the depth and quality of applicants. These same strategies will inform how employees are onboarded to support a successful integration into the organization. Lastly, the WESP, JRG and Employee Survey all highlight the critical role managers hold in the retention and engagement of staff. Focused approaches to develop managers and identify accountability-tools will be a priority.

Corrections Health

Corrections Health meets national standards that assure access to care and safeguard the health of those who are in detention in the Multnomah County Detention Center (MCDC), the Multnomah County Inverness Jail (MCIJ) and youth in the Donald E. Long Home. In the adult facilities, staff provides around-the-clock health evaluation, illness identification, and treatment services for over 36,000 adults each year. Over 50% have serious, unstable and chronic health conditions, such as diabetes, kidney failure, infections, alcohol/drug withdrawal, and major mental/behavioral illnesses. The vast majority of detainees return to their communities, so the improvement of their health in the detention settings also improves the health of their families and the community. Stabilization of substance use and behavioral health conditions allows detainees to more fully participate in their legal cases, which protects their constitutional rights and promotes a more efficient judicial process. Corrections Health continues to promote effective evaluation and treatment of behavioral health issues, including facilitating psychiatrist, mental health nurse practitioner and mental health nursing assessments. At the juvenile facility licensed nursing staff to provide services 16 hours per day, including screening, symptom evaluation, and treatment for over 2,000 youth per year. More than one-third of youth receive mental health treatment.

Significant Changes

Corrections Health has a serious ongoing challenge in attracting and retaining qualified staff. For every one person hired, two are lost to resignation or transfer. High staff turnover is not only costly for the County but is demoralizing for the staff remaining at work in Corrections Health. Staffing challenges require ongoing use of overtime, including mandatory overtime. Several efforts are included in the FY 2020 budget to address those concerns. The Nursing Development Manager position will enhance recruitment, hiring, on-boarding, training, and supervision of nursing staff with a focus on developing a more diverse workforce with improved retention. Recruitment will be further enhanced through a dedicated recruiter pilot program with Human Resources. In all, enhanced hiring and retention should not only be cost-effective in reducing overtime but promote the health of staff.

Another significant challenge is the rising cost of outside medical services, including specialty clinic evaluations, ambulance, laboratory and Emergency Room costs. Additional support for evaluation of eligibility for insurance should promote both the ability to ensure that outside services are reimbursed whenever possible, but also enhance the ability of released individuals to access community services. The transition of care from the jail to the community will be further enhanced with additional transition planning support. Leveraging the stability afforded through healthcare in the jail will improve the health of the community with the added goal of a reduction in recidivism.

Mental Health and Addiction Services

Multnomah County Mental Health and Addiction Services Division (MHASD) aims to enhance and maintain high-quality, accessible, and culturally appropriate systems of care for children, youth and adults experiencing mental health challenges or substance use disorder.

As a subcontractor of Health Share of Oregon, MHASD manages the mental health benefit of more than 160,000 Oregon Health Plan members. Services cover routine, urgent and emergent needs. MHASD operates a 24/7 crisis line available to all county residents. The division also provides prevention and early intervention to youth and young adults, including school-based mental health services in more than 38 schools across the county.

MHASD is committed to addressing gaps in the system of care for the most vulnerable, including the homeless with mental health issues and victims of abuse. MHASD's prioritizes upholding a consumer-driven system and creating access to supportive housing. We will continue to work with peer groups to make policy and programming recommendations. Program offer 40065B adds a peer leadership level position in the Office of Consumer Engagement. We will continue to strengthen infrastructure to create sustainable systems to meet program needs and requirements.

Significant Changes

In FY 2019, county leadership initiated a review of Adult Protective Services (APS) practices in MHASD. In response to the review findings, staffing was increased by 4.00 FTE along with increased supervision and oversight of the program. Infrastructure including improved data systems, analytical tools, and risk assessment staff has enable the program to quickly review, respond and address complaints, grievances, incidents and reports of alleged abuse.

MHASD's Jail Diversion program expanded STP transitional Housing program by adding second co-ed program for up to 10 individuals.

MHASD's Addictions team worked with OHA to shift FY 2020 funding, which allows for increase service provision. OHA will also be funding the Addictions program area with a new grant, \$600,000 over two years, to focus on enhancing peer-delivered services in emergency departments across the county to address the opioid crisis.

The division is actively involved in changes to Health Share of Oregon, as they respond to the next iteration of health transformation in Oregon. This will bring many opportunities to improve and expand access to care for people insured by Medicaid in our county

Health Department

The following table shows the programs by division that make up the department's total budget. The individual programs follow in numerical order.

Prog. #	Program Name	FY 2020 General Fund	Other Funds	Total Cost	FTE
Director's Office					
40000	Health Department Director's Office	962,352	0	962,352	3.00
Business Operations					
40003	Health Department Leadership Team Support	494,503	0	494,503	3.00
40040A	Budget & Finance	3,261,982	250,000	3,511,982	22.80
40040B	Budget & Finance- Restoration	430,376	0	430,376	4.00
40041	Medical Accounts Receivable	2,148,865	0	2,148,865	14.90
40042	Contracts & Procurement	1,764,474	0	1,764,474	12.50
40043	Health Department Operations	4,999,679	0	4,999,679	13.80
40044	Health Clinical Data and Reporting	2,004,307	0	2,004,307	2.00
Corrections Health					
40049	Corrections Health Juvenile Detention	1,298,661	0	1,298,661	5.10
40050A	Corrections Health Multnomah County Detention Center (MCDC)	3,477,277	0	3,477,277	21.10
40050B	Corrections Health MCDC Clinical Services and 4th Floor Housing	3,094,880	0	3,094,880	10.50
40050C	Corrections Health MCDC Housing Floors 5, 6, 7 & 8	3,228,667	0	3,228,667	17.45
40050D	Corrections Health MCDC Outsourced Medical	750,000	0	750,000	0.00
40051A	Corrections Health Inverness Jail (MCIJ) Clinical Services	3,481,442	0	3,481,442	20.60
40051B	Corrections Health MCIJ General Housing Dorms 4 - 11	2,066,464	0	2,066,464	7.70
40051C	Corrections Health MCIJ Dorms 12 - 18 and Infirmary	1,715,612	0	1,715,612	9.30
40051D	Corrections Health MCIJ Outsourced Medical	750,000	0	750,000	0.00
40059	Corrections Health Mental Health Services	3,797,999	0	3,797,999	23.40
Health Officer					
40002	Tri-County Health Officer	429,277	508,619	937,896	2.65
40004A	Ambulance Services (Emergency Medical Services)	2,104,617	1,011,920	3,116,537	12.80
40004B	Ambulance Services (EMS) - Clinical Services Specialist	17,722	0	17,722	0.00
40004C	Ambulance Services (EMS) - Medical First Response	95,000	0	95,000	0.00
40005	Public Health & Regional Health Systems Emergency Preparedness	35,918	697,836	733,754	3.35
40052	Medical Examiner	1,604,167	0	1,604,167	11.00

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Prog. #	Program Name	FY 2020 General Fund	Other Funds	Total Cost	FTE
Human Resources					
40039	Human Resources and Training	3,830,603	0	3,830,603	23.75
Integrated Clinical Services					
40012A	Services for Persons Living with HIV-Clinical Services	1,328,713	4,399,408	5,728,121	30.03
40016	Medicaid/Medicare Eligibility	829,131	1,389,946	2,219,077	18.00
40017	Dental Services	13,520,784	9,999,318	23,520,102	132.81
40019	North Portland Health Clinic	2,395,405	2,818,666	5,214,071	26.40
40020	Northeast Health Clinic	3,081,400	3,096,117	6,177,517	29.60
40022	Mid County Health Clinic	6,326,991	5,476,486	11,803,477	56.42
40023	East County Health Clinic	4,754,993	5,422,797	10,177,790	49.10
40024A	Student Health Centers	3,504,771	2,274,831	5,779,602	28.87
40024B	Student Health Centers Transition Planning	243,627	148,962	392,589	2.64
40026	La Clinica de Buena Salud	734,995	2,044,168	2,779,163	13.60
40027	Southeast Health Clinic	970,794	2,858,785	3,829,579	17.30
40029	Rockwood Community Health Clinic	2,953,135	2,861,571	5,814,706	29.40
40030	Medical Director	1,292,645	87,588	1,380,233	2.80
40031	Pharmacy	0	26,076,195	26,076,195	54.13
40032	Lab and Medical Records	3,700,446	3,285,629	6,986,075	45.40
40033	Primary Care and Dental Access and Referral	2,749,764	919,709	3,669,473	28.60
40034	ICS Administration, Operations, and Quality Assurance	6,593,689	1,716,215	8,309,904	48.80
40036	Community Health Council and Civic Governance	263,448	0	263,448	1.20
Mental Health & Addiction Services					
40065A	Mental Health & Addiction Services Administration	870,792	1,692,508	2,563,300	9.48
40065B	Office of Consumer Engagement (OCE)	105,839	0	105,839	1.00
40067	Medical Records for MHASD	226,328	753,686	980,014	8.30
40068	Mental Health Quality Management	603,086	5,850,564	6,453,650	31.70
40069	Behavioral Health Crisis Services	1,765,873	10,864,862	12,630,735	25.41
40070	Mental Health Crisis Assessment & Treatment Center (CATC)	691,101	3,045,806	3,736,907	0.00
40071	MHASD Adult Protective Services	838,407	272,257	1,110,664	7.60
40072	Mental Health Commitment Services	1,268,539	2,989,481	4,258,020	24.10
40073	Peer-run Supported Employment Center	102,000	0	102,000	0.00
40073B	Peer Run Supported Employment Services	100,000	0	100,000	0.00
40074	Mental Health Residential Services	854,766	12,485,115	13,339,881	11.64
40075	Adult Mental Health Initiative (AMHI)	0	3,904,126	3,904,126	11.33

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Prog. #	Program Name	FY 2020 General Fund	Other Funds	Total Cost	FTE
Mental Health & Addiction Services Administration (cont.)					
40076	Mental Health Services for Adults	0	11,886,611	11,886,611	0.00
40077	Mental Health Treatment & Medication for the Uninsured	1,268,689	135,726	1,404,415	0.00
40078	Early Assessment & Support Alliance	82,999	1,657,357	1,740,356	11.21
40080	Community Based MH Services for Children & Families	1,977,666	1,780,004	3,757,670	17.44
40081	Multnomah Wraparound	0	5,641,352	5,641,352	29.52
40082	School Based Mental Health Services	1,661,254	2,223,742	3,884,996	25.38
40083	Mental Health First Aid	189,131	0	189,131	1.00
40084	Culturally Specific Mental Health Services	1,741,341	0	1,741,341	0.00
40085	Adult Addictions Treatment Continuum	2,519,256	8,977,730	11,496,986	8.35
40086	Addiction Services Gambling Treatment & Prevention	0	810,250	810,250	0.15
40087	Addiction Services Alcohol & Drug Prevention	0	324,251	324,251	1.00
40088	Coordinated Diversion for Justice Involved Individuals	873,706	1,533,238	2,406,944	11.70
40089	Addictions Detoxification & Post Detoxification Housing	1,515,276	671,461	2,186,737	0.00
40090	Family & Youth Addictions Treatment Continuum	128,073	459,216	587,289	0.00
40091	Family Involvement Team	0	440,442	440,442	0.00
40094	Medicaid Insurance Plan Administration and Operations	0	5,818,046	5,818,046	38.10
Public Health					
40001	Public Health Administration and Quality Management	2,408,981	525,000	2,933,981	17.51
40006	Tobacco Prevention and Control	673,966	390,689	1,064,655	6.50
40007	Health Inspections and Education	5,696,802	112,715	5,809,517	37.51
40008	Vector-Borne Disease Prevention and Code Enforcement	1,122,814	0	1,122,814	8.65
40009	Vital Records	2,195	894,068	896,263	4.75
40010A	Communicable Disease Prevention and Control	2,500,000	2,031,125	4,531,125	24.63
40010B	STD/HIV/Hep C Community Prevention Program	939,059	5,152,521	6,091,580	23.90
40010C	Communicable Disease Services- Vaccine Hesitancy	80,000	0	80,000	0.00
40012B	Services for Persons Living with HIV - Regional Education and Outreach	44,686	4,574,506	4,619,192	6.67
40018	Women, Infants, and Children (WIC)	2,200,000	2,974,808	5,174,808	38.60
40025	Adolescent Sexual Health Equity Program (ASHEP)	93,026	1,249,999	1,343,025	4.40
40037A	Environmental Health Community Programs	322,853	428,000	750,853	4.68
40048	Community Epidemiology	1,308,032	1,644,469	2,952,501	12.76
40053	Racial and Ethnic Approaches to Community Health	464,103	792,000	1,256,103	5.50
40054	Nurse Family Partnership	1,000,000	1,515,914	2,515,914	10.10

Health Department

fy2020 adopted budget

Prog. #	Program Name	FY 2020 General Fund	Other Funds	Total Cost	FTE
Public Health (cont.)					
40055	Home and Community Based Health Consulting	723,071	524,962	1,248,033	5.90
40055B	Baby Boosters	55,500	0	55,500	0.00
40056	Healthy Families	529,534	2,282,286	2,811,820	5.87
40058	Healthy Birth Initiative	1,552,663	1,420,740	2,973,403	15.80
40060	Chronic Disease and Violence Prevention	1,220,182	412,287	1,632,469	10.20
40061	Harm Reduction	1,477,352	661,421	2,138,773	7.67
40096	Public Health Office of the Director	2,871,269	150,000	3,021,269	10.70
40097	Maternal Child Family Health Management	1,335,274	125,000	1,460,274	8.13
	Total Health Department	\$151,095,059	\$189,425,107	\$340,520,166	1,404.64

Legal / Contractual Obligation

ORS 431.418 Local public health administrator (1) Each district board of health shall appoint a qualified public health administrator or supervise the activities of the district in accordance with law. (2) Each county governing body in a county that has created a county board of health under ORS 431.412 shall appoint a qualified public health administrator to supervise the activities of the county health department in accordance with law.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$579,529	\$0	\$749,360	\$0
Contractual Services	\$102,000	\$0	\$65,841	\$0
Materials & Supplies	\$71,632	\$0	\$99,179	\$0
Internal Services	\$51,844	\$0	\$47,972	\$0
Total GF/non-GF	\$805,005	\$0	\$962,352	\$0
Program Total:	\$805,005		\$962,352	
Program FTE	3.00	0.00	3.00	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2019: 40000-19 Health Department Director's Office

Retirement of Joanne Fuller in September 2017 resulted in the County's Chief Operating Officer naming Wendy Lear and Vanetta Abdellatif as Co-Interim Department Directors in October 2017. A national recruitment was launched in October 2018 and a new Health Department Director was named in February 2019.

Department: Health Department **Program Contact:** Jessica Guernsey
Program Offer Type: Support **Program Offer Stage:** As Adopted
Related Programs: 40096
Program Characteristics:

Executive Summary

Public Health Administration and Quality Management (PHA-QM) provides leadership for the Public Health Division (PHD) as the local public health authority. The PHD promotes and protects health, and prevents disease of all residents within Multnomah County. PHA-QM sets the strategic direction of the PHD and ensures accountability through achieving performance standards related to Public Health Accreditation, Public Health Modernization, and effective financial management.

Program Summary

Through leading administrative, quality, and project management roles, Public Health Administration and Quality Management (PHA-QM) enables the Public Health Division (PHD) to meet the foundational roles and legal requirements to act as Multnomah County's local public health authority. The PHD is responsible for systems that promote and protect the health of, and prevent disease for, all residents and diverse communities within Multnomah County. Strategies of the PHD include direct services, policy interventions, community partnerships, planning, and assessment. The following PHA-QM program areas support these strategies.

Administration: This program area provides core administrative functions for the PHD. Division-wide administration ensures accountability through achieving performance standards related to Public Health Accreditation, Public Health Modernization, effective financial management, and the PHD Strategic Plan.

Quality and Project Management: Oversees quality assurance, quality improvement, performance measurement, and information management activities for public health assessment, service delivery, community engagement, and partnerships. Other key functions include public health workforce development; public health informatics; funding and grant development, project management for emerging public health issues with departmental and community significance (such as the prescription opioid epidemic); and academic partnerships.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Number of grant proposals written	35	30	25	25
Outcome	Dollar amount (in millions) of grants funded	\$21	\$24	\$20	\$20
Outcome	% of identified quality improvement, strategic projects, and strategic plan objectives successfully completed	90%	80%	90%	90%

Performance Measures Descriptions

Although 35 grant proposals were submitted in FY18, the amount of grant funds awarded was lower than in previous years due to changes in some funding streams from grant-based to formula-based (e.g. OHA Annual Plan, CareOregon Behavioral Health); therefore, these funds were not logged. Thus far, there have been fewer grant opportunities in FY19, but estimated amount is comparable to actual for FY18 due to the reinstatement of OAH Teen Pregnancy Prevention's original project period and a second round of competitive CDC REACH funding.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$1,948,072	\$302,048	\$2,225,717	\$238,839
Contractual Services	\$125,362	\$28,500	\$5,000	\$35,929
Materials & Supplies	\$96,939	\$16,679	\$566	\$93,586
Internal Services	\$315,697	\$64,575	\$177,698	\$156,646
Total GF/non-GF	\$2,486,070	\$411,802	\$2,408,981	\$525,000
Program Total:	\$2,897,872		\$2,933,981	
Program FTE	14.24	2.11	15.55	1.96

Program Revenues				
Intergovernmental	\$0	\$411,802	\$0	\$325,000
Service Charges	\$0	\$0	\$0	\$200,000
Total Revenue	\$0	\$411,802	\$0	\$525,000

Explanation of Revenues

State Opiate grant for Prescription drug Overdose Prevention and Federal BJA Hal Rogers PDMP to enhance the capacity of regulatory and law enforcement agencies and public health officials to collect and analyze controlled substance prescription data and other scheduled chemical products through a centralized database administered by an authorized state agency.

ST Opiate Grant: \$ 250,000
 Fed BJA Hal Rogers PDMP Grant: \$ 75,000
 Public Health IT Support Agreement: \$ 200,000

Significant Program Changes

Last Year this program was: FY 2019: 40001-19 Public Health Administration and Quality Management

As part of divisional and program offer reorganizations, the Office of the Director portion of this program offer became an independent program offer in FY20 (40096 Public Health Office of the Director).

Department: Health Department

Program Contact: Paul Lewis

Program Offer Type: Support

Program Offer Stage: As Adopted

Related Programs:
Program Characteristics:
Executive Summary

This program provides public health physician consultation, medical direction, and leadership to health department administrators, program staff and community partners. This cooperative effort of the metro-county health departments is intended to improve the consistency and quality of public health services; increase learning and collaboration across the counties; and improve the quality, efficiency and effectiveness of Health Officer services, both as a region and for individual counties. Clackamas and Washington Counties contract with Multnomah County for their health officer services.

Program Summary

Four public health physicians serve as the Tri-County Health Officers:

In Multnomah County the Health Officer is also the Tri-County Health Officer and supervises three deputy health officers, one in each county. In Multnomah County, the deputy Health Officer serves as medical consultant to the Communicable Disease, Sexually Transmitted Infection, Tuberculosis, and Environmental Health Food Service programs. The Health Officer oversees the EMS Program, the Public Health Emergency Preparedness Program, and the regional 6 county Hospital Preparedness Program. In addition the Health Officer supervises the EMS Medical Director provides technical consultation to the Maternal Child Health program and health promotion efforts and leads the County and regional efforts to decrease fatal opioid overdoses.

The deputy Health Officers working in Clackamas and Washington Counties have broad roles in supporting their respective administrators with an emphasis on Communicable Disease Control given the limited FTE.

Broadly speaking, the Health Officers, (1) participate in enforcement of public health laws; (2) supervise select public health programs; (3) work with department staff, other county agencies, and community partners to manage critical public health problems; and (4) participate in department administration.

The program supports Multnomah County Health Department's goals by providing effective and accountable local public health practice leadership and medical direction that results in quality clinical and health promotion programs. The health officer program staff provides leadership on chronic disease prevention programs, addresses issues of communicable disease control, leads the regional opiate safety coalition, leads the regional response to Emergency Department and Emergency Medical System overload that occurs nearly every winter, provides technical support for board presentations on Emergency Medical Systems and Opioids. Dr Lewis also participates as the large county representative on the Cleaner Air Oregon advisory Committee to the OHA and DEQ and is on the Governor's Opioid Task Force.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Contract deliverables are met by the end of fiscal year.	90%	90%	90%	90%
Outcome	County stakeholders express satisfaction in program delivery and results.	100%	100%	100%	100%

Performance Measures Descriptions

Measured by renewal of intergovernmental agreement through FY19. TCHO program staff meet regularly with county health administrators to review service delivery, program satisfaction, and progress on individual workplan items. Contract deliverables for FY19 will be negotiated and finalized by June 30, 2018. These will provide guidance for work priorities and program activities. Annual survey completed in January 2018, and both counties indicated they intend to renew the contract.

Legal / Contractual Obligation

ORS 431.418 requires counties to employ or contract with a physician to serve as County Health Officer. Intergovernmental agreements with Clackamas and Washington counties specify Health Officer services that Multnomah County is required to provide as well as expected outcomes and evaluation measures.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$349,518	\$412,516	\$395,168	\$447,677
Materials & Supplies	\$534	\$7,837	\$7,687	\$7,837
Internal Services	\$29,296	\$53,650	\$26,422	\$53,105
Total GF/non-GF	\$379,348	\$474,003	\$429,277	\$508,619
Program Total:	\$853,351		\$937,896	
Program FTE	0.80	1.45	1.20	1.45

Program Revenues				
Intergovernmental	\$0	\$474,003	\$0	\$508,619
Total Revenue	\$0	\$474,003	\$0	\$508,619

Explanation of Revenues

Clackamas and Washington counties meet their ORS 431.418 requirements for health officer services through intergovernmental agreements (IGA) with Multnomah County. The Tri-County Health Officer is funded by \$508,619 in revenue from Clackamas and Washington counties.

Significant Program Changes

Last Year this program was: FY 2019: 40002-19 Tri-County Health Officer

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$420,043	\$0	\$350,479	\$0
Contractual Services	\$0	\$0	\$80	\$0
Materials & Supplies	\$21,325	\$0	\$34,063	\$0
Internal Services	\$65,801	\$0	\$109,881	\$0
Total GF/non-GF	\$507,169	\$0	\$494,503	\$0
Program Total:	\$507,169		\$494,503	
Program FTE	4.00	0.00	3.00	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2019: 40003-19 Health Department Leadership Team Support

Department: Health Department **Program Contact:** Paul Lewis
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Multnomah County Emergency Medical Services (MCEMS) regulates, monitors, and coordinates a local EMS system, including a franchised ambulance contractor, fire departments, and licensed non-emergency ambulance providers. Under Medical Direction, the system receives 9-1-1- calls, dispatches resources, provides care, and transports patients to the appropriate facility.

Program Summary

MCEMS plans, procures, contracts, regulates, monitors, and coordinates EMS system activities to comply with the Multnomah County Ambulance Service Plan, MCC 21.400, and Oregon Administrative Rules. MCEMS regulates all ambulance business in accordance with the above, including licensing and inspection of ambulances, monitoring of ambulance contractor operations, supervising medical care, and levying fines for substandard performance and/or violation of administrative rules.

MCEMS provides medical supervision, oversight and guidance to 9-1-1 dispatchers, fire and ambulance emergency medical personnel, and non-911 ambulance providers. This includes setting medical protocols and standards of emergency, pre-hospital care, as well as the provision of real time medical guidance to first responders through a subcontract with OHSU Medical Resource Hospital. MCEMS provides pre-hospital system regulation and coordination of 911 medical first response and dispatch personnel for Multnomah County. The City of Portland's Bureau of Emergency Communications, a.k.a. 911 Dispatch Center, dispatches emergency personnel. Fire departments of Portland, Gresham, Portland International Airport, and volunteer fire districts throughout the County provide medical first response to all 911 calls, accounting for more than 100,000 calls annually. American Medical Response (AMR) provides 911-ambulance service through an exclusive ambulance contract with the County. MCEMS:

- Assures that 911 medical dispatch protocols are consistent with care provided by EMS providers across multiple agencies;
- Maintains county contracts for first response services and responds to concerns from the public regarding EMS care;
- Monitors and enforces ambulance response and performance metrics;
- Coordinates and supervises joint training annually to assure fire and ambulance paramedics interpret and use medical protocols consistently across EMS agencies;
- Establishes quality standards and metrics for the provision of EMS and uses a Continuous Quality Improvement (CQI) process to monitor and improve service quality across the system; and
- Coordinates major event planning, medical equipment specifications, liaison and communication with local hospitals, as well as EMS disaster planning.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Ambulance response time for urgent, life threatening calls in the Urban zone is < or equal to 8 minutes. 90% of	90.51%	90%	90.2%	90%
Outcome	Ambulance response time for urgent, life threatening calls in rural areas is < or equal to 20 minutes, 90% of th	92.4	90%	91%	90%

Performance Measures Descriptions

The exclusive ambulance service contractor has response time standards, by geographic zones, for all 911 dispatched medical calls. Life threatening calls in Urban zones shall receive a response within 8 minutes, and in Rural areas, 90% within 20 minutes time.

Legal / Contractual Obligation

The County is responsible under ORS 682 to have an Ambulance Service Area Plan. The governing law and contractual obligations include the Multnomah County Ambulance Service Plan; ORS 682; OAR Chapter 333, County ordinances 21.400-21.433; County rules, medical policies, procedures, protocols, the franchise agreement with AMR, contracts with OHSU, and intergovernmental agreements with local fire and rescue jurisdictions.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$1,106,127	\$828,562	\$1,236,380	\$800,059
Contractual Services	\$679,134	\$0	\$609,146	\$92,360
Materials & Supplies	\$194,938	\$3,153	\$43,123	\$10,096
Internal Services	\$234,172	\$167,481	\$215,968	\$109,405
Total GF/non-GF	\$2,214,371	\$999,196	\$2,104,617	\$1,011,920
Program Total:	\$3,213,567		\$3,116,537	
Program FTE	6.55	7.05	7.00	5.80

Program Revenues				
Fees, Permits & Charges	\$1,619,316	\$0	\$1,943,680	\$0
Intergovernmental	\$280,055	\$0	\$72,194	\$0
Other / Miscellaneous	\$120,000	\$999,196	\$0	\$1,011,920
Total Revenue	\$2,019,371	\$999,196	\$2,015,874	\$1,011,920

Explanation of Revenues

License fees, the ambulance franchise fee, contracts, and fines pay MCEMS administration costs. Fees are established and collected through agreements with the exclusive emergency ambulance contractor and other jurisdictions. The County's exclusive ambulance services contract and MCC 21.400 provide authority for MCEMS to levy fines for substandard performance. Any fees collected are to fund system oversight and support functions provided by MCEMS. Any fines collected pay for one-time system improvements.

TC911-Social Work Program: \$ 1,011,920 from a Health Share of Oregon grant to serve Medicaid members
 County general funds: \$ 2,104,617 to serve non-Medicaid clients using EMS frequently.

Significant Program Changes

Last Year this program was: FY 2019: 40004-19 Ambulance Services (Emergency Medical Services)

The County's updated Ambulance Service Plan and Code changes (approved by the Board in Dec. 2016) became effective on Sept. 1, 2018. MCEMS issued a new, five-year, exclusive emergency ambulance contract to AMR on Sept. 1, 2018, after a competitive request for proposal process. The new contract has the ambulance contractor paying patient care medical supply reimbursements directly to fire agencies and includes innovative organizational and patient-centered equity metrics.

Legal / Contractual Obligation

The County is responsible under ORS 682 to have an Ambulance Service Area Plan. The governing law and contractual obligations include the Multnomah County Ambulance Service Plan; ORS 682; OAR Chapter 333, County ordinances 21.400-21.433; County rules, medical policies, procedures, protocols, the franchise agreement with AMR, contracts with OHSU, and intergovernmental agreements with local fire and rescue jurisdictions. The County has an existing contract with Health Share of Oregon to serve their Medicaid members with short term case management and care coordination; service to uninsured and non-Medicaid enrolled persons using County general funds.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$0	\$0	\$17,722	\$0
Total GF/non-GF	\$0	\$0	\$17,722	\$0
Program Total:	\$0		\$17,722	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

TC911 has a contract with Health Share of Oregon through June 30, 2020; services for non-Health Share of Oregon members is funded solely through County general funds.

Significant Program Changes

Last Year this program was: FY 2019: 40004-19 Ambulance Services (Emergency Medical Services)

Legal / Contractual Obligation

The County is responsible under ORS 682 to have an Ambulance Service Area Plan. The governing law and contractual obligations include the Multnomah County Ambulance Service Plan; ORS 682; OAR Chapter 333, County ordinances 21.400-21.433; County rules, medical policies, procedures, protocols, the franchise agreement with AMR, contracts with OHSU, and intergovernmental agreements with local fire and rescue jurisdictions. The County has existing contracts with Rural Fire Protection Districts to pay for emergency medical first response to areas outside of the districts jurisdictional boundaries.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Contractual Services	\$0	\$0	\$95,000	\$0
Total GF/non-GF	\$0	\$0	\$95,000	\$0
Program Total:	\$0		\$95,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

The emergency medical first response fees for areas not covered by a City or rural fire protection district boundary are funded through County general funds.

Significant Program Changes

Last Year this program was: FY 2019: 40004-19 Ambulance Services (Emergency Medical Services)

Preparedness
Department: Health Department **Program Contact:** Paul Lewis

Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted

Related Programs:
Program Characteristics:
Executive Summary

Preparing for and responding to emergencies with widespread or severe health impacts require multi-agency, multi-jurisdictional, and public/private sector collaboration. Two Health Department programs contribute to this: 1) Public Health Preparedness assures that we can carry out the County's unique public health responsibilities in an emergency; 2) Regional Healthcare System Emergency Preparedness assures that hospitals and other health care providers in the 6-county NW Oregon region have a proven capacity to care for victims of large scale emergencies.

Program Summary

Responding to emergencies with severe health impacts (such as natural disasters, severe epidemics/pandemics, terrorist attacks) requires coordinated action to 1) focus the response on priority needs, and 2) effectively leverage resources of government, private healthcare providers, and non-profit organizations. This offer assures public and private health preparedness. Public Health preparedness includes: 1) emergency plans and protocols linked to the County's Emergency Response Plan; 2) trained and exercised Health Department leadership, managers and supervisors and incident management team members; 3) exercises to test and refine plans and capabilities, and 4) plans to increase capacity for key public health functions (e.g., epidemiology capacity to investigate and analyze an emergency's health impacts).

Regional Healthcare System Emergency Preparedness facilitates healthcare delivery system preparedness in Multnomah, Clackamas, Washington, Columbia, Tillamook and Clatsop counties and coordinates planning with SW Washington. It assures that hospitals, clinics, and other providers are prepared to respond in an effective and coordinated manner. The program 1) ensures that hospitals and other providers develop and exercise plans to increase the number of patients they can serve; 2) creates regional plans to coordinate a public/private response; 3) develops regional capacities to address communication and other critical support needs; and 4) develops regional capacities to manage specific health impacts (e.g., pandemic influenza). The programs coordinate and collaborate to develop effective governmental and private sector health response capacities in the county and region.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Trainings participated in by Incident Management Team	6	6	6	6
Outcome	CDCs Operational Readiness Review Score (scaled "Early," "Intermediate," "Established," and "Advanced").	Established	Established	Established	Established
Outcome	Improved regional healthcare system emergency response	93%	98%	98%	99%
Quality	Program satisfaction	93%	96%	96%	97%

Performance Measures Descriptions

- 1) Output: Training provided to Incident Management Team members (reduced in quantity; improved in depth)
- 2) Outcome: Improved response capability through achieving Centers for Disease Control's capabilities.
- 3) Outcome: Stakeholders express program has improved healthcare system emergency response abilities.
- 4) Quality: Regional stakeholders' satisfaction with program activities using a Likert scale.

Legal / Contractual Obligation

ORS 431 and 433 empower the County and Health Department to supervise matters related to preserving the life and health of the people of the County. An intergovernmental agreement with the Oregon Health Authority (Public Health Division) specifies requirements for public health preparedness activities supported with federal CDC funds. A separate IGA with Oregon Health Authority guides regional healthcare system preparedness goals and activities supported with Federal US Dept. of Health and Human Services funds. Both sources of federal funds are dedicated to emergency preparedness, and cannot supplant other funding or be used to build general public health capacities.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$51,485	\$526,735	\$0	\$546,779
Materials & Supplies	\$12,432	\$9,687	\$0	\$33,563
Internal Services	\$41,757	\$85,325	\$35,918	\$117,494
Total GF/non-GF	\$105,674	\$621,747	\$35,918	\$697,836
Program Total:	\$727,421		\$733,754	
Program FTE	0.00	3.15	0.00	3.35

Program Revenues				
Intergovernmental	\$0	\$621,747	\$0	\$697,836
Total Revenue	\$0	\$621,747	\$0	\$697,836

Explanation of Revenues

State Public Health Emergency Preparedness is supported by Federal Centers for Disease Control (CDC) funds received through an intergovernmental agreement with Oregon Department of Human Services. Regional Health System Emergency Preparedness is funded by the US Dept. of Health and Human Services via the Oregon Health Authority (OHA), and by an Urban Area Security Initiative (UASI) grant.

State Public Health Emergency Preparedness: \$ 259,028

Cities Readiness Initiative: \$ 30,212

OHA, Health Security, Preparedness, and Response Program: \$ 338,596

Urban Area Security Initiative (UASI): \$ 70,000

Significant Program Changes

Last Year this program was: FY 2019: 40005-19 Public Health & Regional Health Systems Emergency Preparedness

Legal / Contractual Obligation

Tobacco Prevention and Education Grant, funded by the Oregon Public Health Division, OHA must comply with required work plans and assurances.

Multnomah County Ordinance 2015-1225.

ICAA OARS plus MSA, SYNAR, RICO, FDA, and Family Smoking Prevention and Tobacco Act.

Senate Bill 754 (Oregon Laws 2017, Chapter 701)

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$409,996	\$330,632	\$489,515	\$319,532
Contractual Services	\$1,123	\$16,000	\$27,475	\$0
Materials & Supplies	\$25,202	\$3,484	\$26,106	\$4,543
Internal Services	\$73,755	\$131,607	\$130,870	\$66,614
Total GF/non-GF	\$510,076	\$481,723	\$673,966	\$390,689
Program Total:	\$991,799		\$1,064,655	
Program FTE	3.64	2.80	3.90	2.60

Program Revenues				
Fees, Permits & Charges	\$510,076	\$0	\$613,764	\$0
Intergovernmental	\$0	\$481,723	\$0	\$390,689
Total Revenue	\$510,076	\$481,723	\$613,764	\$390,689

Explanation of Revenues

Program revenues include OHA, Oregon Public Health Division Tobacco Prevention and Education grant (\$390,689)

Significant Program Changes

Last Year this program was: FY 2019: 40006-19 Tobacco Prevention and Control

Department: Health Department **Program Contact:** Jae Douglas
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40008, 40010A
Program Characteristics:

Executive Summary

Health Inspections and Education is a fee-supported program that helps protect the public from disease and injury by investigating food and waterborne disease; educating about food safety practices; and performing inspections of licensed facilities. Participation in the Food and Drug Administration's Program Standards aligns Multnomah County with national standards. The inspection program received an outstanding rating in the 2018 Oregon Health Authority triennial review.

Program Summary

Health Inspections and Education is a legally mandated program that protects the health and safety of the entire community by providing education, assuring safe food and water, controlling disease, improving safety in the work place, and reducing unintentional injuries as well as supporting other public health activities by incorporating prevention activities into the inspection process. The citizenry understands and expects the following program functions.

Inspected Facilities: The Health Inspections program has responsibility for assuring health and safety in 4,755 facilities including restaurants, mobile restaurants, hotel/motels, RV parks, organizational camps, warehouses, commissaries, vending machines, and jails. Most facilities receive two inspections per year. **Swimming Pools and Spas:** The program inspects and licenses 523 pools/spas to ensure pools are safe from hazards and disease. Field and classroom technical training is provided to approximately 60 pool operators each year. **Schools, Child and Adult Foster Care Facilities:** The program inspects 1,168 schools, childcare centers, and other service providers to ensure they handle food properly, are clean, and are free of health and safety hazards. **Small Drinking Water Systems:** There are 41 small water systems that are inspected every 3 to 5 years (dependent on the type of system) to ensure they are properly maintained and meet EPA water quality standards. There are also 12 additional systems that are monitored; the program responds to alerts as needed.

Foodborne Illness Outbreaks: Registered Environmental Health Specialists investigate local foodborne illness complaints in collaboration with the Communicable Disease Program and are key participants in emergency response. Multnomah County Environmental Health conducted 10 foodborne illness investigations and 27 vibrio investigations in restaurants in the previous calendar year. **Food Handler Training and Certification:** Multi-lingual training about safe food preparation in 7 languages is provided online and in person to food workers at all literacy levels to support health equity and entry into the workforce. Emergency contact information has been gathered for over 5,000 facilities, which can be used in a robo-calling system. A monthly newsletter/blog has over 3,000 subscribers consisting of food operators, regulators, and community members.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Number of licenses issued	6,568	7,271	6,880	7,445
Outcome	Number of Priority & Priority Foundation violations	15,858	12,770	14,130	13,738
Output	Number of facility inspections	14,829	16,408	14,428	14,331
Output	Number of Food Worker Cards issued	11,915	13,952	11,055	11,214

Performance Measures Descriptions

1) Licenses issued excludes facilities inspected but not licensed (ie. schools, day cares, etc.). 2) Priority and Priority Foundation Violations are items noted during inspections that can directly affect the health of the consumer, leading to elevated food safety risk and requiring immediate correction. 3) Facilities inspected on-site (e.g. restaurants, mobile units, etc.). 4) Reflects number of people who completed certification in the given year. The certificate is a 3-year certificate and makes food workers employable in the food industry.

Legal / Contractual Obligation

Legal mandates are 2009 FDA Food Code, 2012 OR Food Sanitation Rules; ORS Chapt. 30.890 (gleaning); ORS Chapt. 624; ORS Chapt. 448; MCC 21.612 (license fees); MCC Chapt. 5; MCC Chapt. 21 (Civil Penalty Ordinance); OR Dept. of Education Division 51 (Schools); OARS 581-051-0305; OARS Chapt. 333 (Licensed Programs); ORS 183 (Civil Penalty), ORS 164 (Food); ORS 700 (EHS License); ORS 414 (Childcare). OARS 333-018 Communicable Disease and Reporting 333-019 Communicable Disease Control.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$3,938,253	\$66,096	\$4,488,503	\$86,098
Contractual Services	\$274,040	\$15,000	\$268,844	\$15,000
Materials & Supplies	\$175,587	\$3,285	\$151,445	\$1,638
Internal Services	\$675,863	\$8,334	\$788,010	\$9,979
Total GF/non-GF	\$5,063,743	\$92,715	\$5,696,802	\$112,715
Program Total:	\$5,156,458		\$5,809,517	
Program FTE	34.02	0.65	36.75	0.76

Program Revenues				
Fees, Permits & Charges	\$5,063,743	\$0	\$5,696,802	\$0
Intergovernmental	\$0	\$92,715	\$0	\$112,715
Total Revenue	\$5,063,743	\$92,715	\$5,696,802	\$112,715

Explanation of Revenues

Fees are set by ordinance. Refer to Chapter 21 MC Ordinance 08-140.

In FY19, the Inspections Program received a 3-year, \$90,000 per year, FDA Grant to assist culturally diverse food establishments to understand the food code, reduce violations, and improve inspection scores.

Multnomah County Environmental Health receives \$22,715 of support each year from the State of Oregon-Drinking Water Section. This level of support continues to stay consistent. Money received from the state is used to pay for staff who work in the drinking water program performing sanitary surveys and responding to alerts.

Health inspection and education licenses general fund fees: \$5,696,802

Significant Program Changes

Last Year this program was: FY 2019: 40007-19 Health Inspections and Education

Department: Health Department **Program Contact:** Jae Douglas
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40007, 40010A
Program Characteristics:

Executive Summary

The Vector program protects the public from emerging and imminent vector-borne (animal to human) diseases and reduces the social/economic impact of uncontained outbreaks. Major vector-borne diseases include Hantavirus, West Nile Virus and Zika virus. Climate changes in the Northwest (warming winter temperatures, increase in rainfall, and urban landscape management) will increase the risk of vector-borne diseases. Interventions include surveillance, analysis, proactive control/abatement of rodents and mosquitoes, and public education. The program includes enforcement of nuisance codes.

Program Summary

Vector control and code enforcement are core public health services. Multnomah County's climate supports ideal mosquito and rat habitats. International airport and shipping along with migratory bird flyways provide avenues for new diseases to enter the community. Mosquito control began in the county in the 1930's, when malaria was endemic. In 2018, five counties in Oregon reported 58 mosquito-cases of West Nile Virus. There were no cases detected in Multnomah County. It is necessary to maintain current levels of surveillance and control to ensure early prevention and suppression of this and other vector-borne diseases using World Health Organization and Center for Disease Control best practices. Rodent control is critical to public health. Rodents can spread Hantavirus, plague and other diseases and can affect livability. A survey in the county rat population showed Toxoplasmosis (Cat Box Fever) in 6% of the rat population. Vector Control protects the community by serving all populations, while focusing on the vulnerable (i.e. elderly, children, homeless). The citizenry understands and expects these program functions.

The Vector program's major components include mosquito control; rodent control; and nuisance code enforcement. Mosquito control comprises the majority of the program's funds/staffing. The program is the primary provider of rodent control in the county. Nuisance code enforcement addresses public health code violations, including restaurant enforcement and dumping.

The program's main activities include collecting and identifying mosquitoes, birds, and rats; monitoring for and responding to emerging vector-borne disease such as Zika virus and now-endemic West Nile Virus; performing laboratory analysis on rats and mosquitoes to determine what species carry disease, their preferred habitats, and population size; abating/suppressing mosquitoes that carry West Nile Virus with pesticides with the least impact; reducing the mosquito breeding habitat through water control and vegetation management; and educating the average citizen and vulnerable populations about preventing vectors and their habitat through community meetings, pamphlets and the media.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Number of acres treated for mosquitoes	1,814	1,500	1,279	1,300
Outcome	Mosquitoes prevented (in billions)	0.91	1.00	0.64	0.65
Efficiency	Number of acres treated for mosquitoes per FTE	403	150	320	325
Output	Number of rodent inspections conducted	1,086	1,025	1,050	1,050

Performance Measures Descriptions

1) Total acreage where mosquito suppression activities occurred is subject to variance in weather patterns, seasonal flooding, characteristics, and presence/absence of disease. 2) Based on industry standard estimate methodology: 500,000 mosquitoes per surface acre of water multiplied by number of acres treated, estimates mosquitoes prevented (to nearest whole number). 3) Total acreage treated per FTE. Five FTE were used to treat for mosquitoes in all reported years' calculations. 4) On-site inspections stemming from rodent complaints received.

Legal / Contractual Obligation

Legal mandates are ORS 167, 452, 498, 506, and 634; OAR 635 and 603; 1968 Agreement City of Portland and Multnomah County – Title 13 and Title 8; MC 2011-129; NPDES General Aquatic Permit for Mosquito Control 2300A; 7 contractual mandates include grants, contracts, federal, regional, and local mandates.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$901,861	\$0	\$1,031,574	\$0
Contractual Services	\$26,500	\$0	\$26,500	\$0
Materials & Supplies	\$101,770	\$0	\$64,740	\$0
Internal Services	\$275,552	\$0	\$0	\$0
Total GF/non-GF	\$1,305,683	\$0	\$1,122,814	\$0
Program Total:	\$1,305,683		\$1,122,814	
Program FTE	8.05	0.00	8.65	0.00

Program Revenues				
Fees, Permits & Charges	\$500	\$0	\$500	\$0
Other / Miscellaneous	\$1,000	\$0	\$1,000	\$0
Service Charges	\$290,935	\$0	\$302,612	\$0
Total Revenue	\$292,435	\$0	\$304,112	\$0

Explanation of Revenues

Local municipalities' revenue contracts equal \$304,112. This include \$1,000 penalties, \$10,000 City of Portland - Sustainability, \$500 Special Animal Permits, \$20,000 Zika/West Nile Virus Funding, \$5,000 Oregon Zoo, \$1,500 Maywood Park and \$266,112 City of Portland - BES.

Significant Program Changes

Last Year this program was: FY 2019: 40008-19 Vector-Borne Disease Prevention and Code Enforcement

Department: Health Department **Program Contact:** Jae Douglas
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

The Vital Records program is a legislatively mandated, fee supported program that issues birth and death certificates in accordance with Federal and State statutes to maintain the integrity and accuracy of birth and death information. The information is analyzed and used for public health prevention and intervention activities for positive health outcomes.

Program Summary

The Vital Records program is responsible for issuing birth and death certificates within the first six months after the birth or death, and within 24-hours of receipt of a request for certificate. Death certificates can be issued to family members, legal representatives, governmental agencies, or to the person or agency with personal or property rights. Birth records can be released to immediate family including grandparents, parents, brothers/sisters, legal representatives, or governmental agencies. Employees working in this program must be registered with the state to assure competency. An electronic birth and death data certification model was implemented requiring a significant increase in individual education with community partners.

The Vital Records program provides reliable information for decision-making in public health so that populations at risk for poor health outcomes are identified to receive proactive interventions. For example, pregnant women were identified as being at greater risk for death from H1N1 influenza by reviewing hospitalization data and death certificates. As a result, physicians and clinical services providing care to pregnant women were prioritized for receipt of vaccine, averting deaths in this high risk population. Also, the program assures accurate, timely and confidential registration of birth and death events minimizing the opportunity for identity theft and assuring accurate record of cause of death and the identification of parents of the born child.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Number of birth and death certificates issued	37,523	38,015	36,132	35,763
Outcome	Average number of days to issue error free certificate	1	1	1	1

Performance Measures Descriptions

- 1) Certificates issued: Measures program volume.
- 2) Days to issue: Measures rapidity of issuance process. The 24-hour timeframe from receipt to issuance is mandatory.

Legal / Contractual Obligation

Legal mandates are ORS 97, 146, 432; OAR 830 and 333.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$0	\$722,783	\$0	\$465,829
Contractual Services	\$0	\$19,537	\$0	\$19,537
Materials & Supplies	\$0	\$17,221	\$2,195	\$14,495
Internal Services	\$0	\$190,839	\$0	\$394,207
Total GF/non-GF	\$0	\$950,380	\$2,195	\$894,068
Program Total:	\$950,380		\$896,263	
Program FTE	0.00	7.12	0.00	4.75

Program Revenues				
Fees, Permits & Charges	\$0	\$950,380	\$0	\$894,068
Total Revenue	\$0	\$950,380	\$0	\$894,068

Explanation of Revenues

This is a fee driven, self-sustaining program. The fee schedule is established by the State of Oregon.
Vital Stats Certs (Licenses): \$894,068 and Vital State Certs (Licenses) general fund fees: \$2,195

Significant Program Changes

Last Year this program was: FY 2019: 40009-19 Vital Records

Legal / Contractual Obligation

ORS Chapters 433, multiple sections. OAR 333-012-0065: Epidemiology and Accident Investigation and Reporting
 OAR 333, Division 17, 18 and 19: Disease Control, Disease Reporting, and Investigation and Control of Diseases. OAR
 333-026-0030: Civil Penalties for Violations of OAR Chapter 333, Divisions 18 and 19. OHA ACDP Investigative Guidelines,
 per OAR 333, Div. 19. Local Health Department Program Elements PE 01, PE 03, PE 25, PE 43. OHA and CLHO BT/CD &
 TB Assurances
 OAR 437: OR-OSHA: Bloodborne Pathogens 1910.1030. CDC recs: Immunization of Health-Care Workers, Vol. 46/RR-18;
 Guidelines for Preventing the Transmission of TB in Health-Care Facilities, Vol. 43/RR-13.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$2,447,214	\$1,603,312	\$1,600,667	\$1,721,393
Contractual Services	\$63,449	\$50,337	\$66,829	\$33,128
Materials & Supplies	\$184,679	\$17,106	\$119,368	\$31,894
Internal Services	\$744,364	\$201,612	\$713,136	\$244,710
Total GF/non-GF	\$3,439,706	\$1,872,367	\$2,500,000	\$2,031,125
Program Total:	\$5,312,073		\$4,531,125	
Program FTE	17.79	12.61	10.91	13.72

Program Revenues				
Intergovernmental	\$0	\$1,557,711	\$0	\$1,725,035
Other / Miscellaneous	\$0	\$180,288	\$0	\$188,025
Service Charges	\$0	\$134,368	\$0	\$118,065
Total Revenue	\$0	\$1,872,367	\$0	\$2,031,125

Explanation of Revenues

CDPC is funded by federal and state grants and client fees. Federal and state grants support best practices (e.g., TB evaluations and LTBI treatment support for newly arriving refugees) and expanded public health surveillance activities (e.g., Metropolitan Area Pertussis Surveillance and Emerging Infectious Disease program) that build upon statutory responsibilities. Internal service reimbursements are for occupational health services provided to county employees and volunteers.

State of Oregon LPHA (Direct State and Federal through State): \$ 1,124,453
 Refugee Health Promotion (Direct Federal): \$ 98,400
 Emerging Infections Program: \$ 523,240
 Medical Fees: \$ 285,025

Significant Program Changes

Last Year this program was: FY 2019: 40010A-19 Communicable Disease Prevention and Control

In FY20, Program Offer 40014-19 Immunization, which includes capacity for school exclusion immunization work, was consolidated into this offer as part of divisional and program offer reorganizations. In FY20, this offer has decreases in FTE, scope/level of services, and revenue for tuberculosis and immunization services. CD programming will continue to assure this scope of services is supported by local health system capacity. In FY20, this offer was scaled with 40011-19 STD/HIV/Hep C Community Prevention Program, which is now 40010B-20, as part of divisional and program offer reorganizations that merge surveillance, disease investigations, disease intervention and control, including speciality clinical operations, and response evaluation. 40010B-20 provides immunization capacity. CD programming will continue to redesign during FY20 to improve efficiency and move forward foundational public health CD services.

Department: Health Department **Program Contact:** Kim Toevs
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40010A, 40012B, 40061
Program Characteristics:

Executive Summary

Communicable Disease (CD) programming protects community health by responding to reportable communicable diseases with prompt disease investigation and limiting the spread of these diseases through disease control interventions. CD is a foundational public health program that upholds the State of Oregon communicable disease statutes through surveillance, disease investigations, disease intervention and control, and response evaluation. The STD/HIV/Hep C Community Prevention Program prioritizes reducing STD inequities among racial and sexual minority adolescents/young adults.

Program Summary

As part of foundational public health CD programming, the STD/HIV/Hep C Community Prevention Program uses population-focused approaches to prevent disease transmission. Locally, sexual health disparities persist by race/ethnicity, sexual orientation, and gender. For example, the syphilis rate for gay and bisexual men is as much as 200 times higher than for heterosexual men; and African Americans have higher rates of chlamydia, gonorrhea, and syphilis. A cornerstone of the program is designing services to reduce long-standing inequities among racial, ethnic, and sexual minority communities.

Program activities include: Partner Services - staff contact infected and exposed people and their sex/needle-sharing partners, link them to testing and treatment, and counsel for behavior change). STD Clinical Services - Medical staff provide low barrier, timely evaluation, treatment, and prevention counseling in a judgment-free, culturally-relevant manner. Staff provide HIV prevention medication (PrEP) to at-risk individuals (265 people accessed PrEP during 2018). Additionally, staff provide consultations and continuing medical education to medical providers in the community. The STD clinic is a designated training site for medical providers. Partnerships - Targeted community-based testing, health promotion, and condom distribution is provided through direct services and subcontracts with community partners. Collaboration with community organizations and health care systems enhance programmatic capacity. Epidemiology - Case investigation identifies population-level patterns of STD/HIV infection to inform health care and other systems to appropriately target resources and efforts. The program has a strong record of meeting national benchmark performance measures, and is nationally recognized for innovation and program coordination, as well as high client satisfaction across all demographics.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Number of STD and HIV test clinical encounters	5,475	5,000	4,500	5,000
Outcome	Percent of all County gonorrhea/syphilis/HIV cases diagnosed through this program	15%	15%	15%	15%
Quality	Percent of syphilis/HIV cases investigated	75%	85%	85%	85%
Output	Number of patients initiated on HIV prevention medication (PrEP)	265	150	230	250

Performance Measures Descriptions

1) The STD clinic will move to a new location in April 2019. This may have an impact on the number of clients accessing the service. 2) Shows impact of program's ability to find, diagnose, and treat reportable STDs and capacity to target services to those at highest risk. 3) Priority diseases recommended by CDC (high priority gonorrhea also investigated although not included here). 4) HIV PrEP prevents infection in HIV negative individuals.

Legal / Contractual Obligation

ORS 433 mandates disease prevention & control. Ryan White CARE Act Part A requires local maintenance of effort for HIV prevention services. Oregon State DHS HIV Prevention contractual program elements. Oregon State DHS STD disease investigation assurances.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$323,806	\$2,455,702	\$246,341	\$2,615,009
Contractual Services	\$134,863	\$1,674,969	\$120,387	\$1,995,679
Materials & Supplies	\$81,003	\$43,109	\$92,726	\$54,970
Internal Services	\$242,365	\$495,208	\$479,605	\$406,863
Capital Outlay	\$0	\$0	\$0	\$80,000
Total GF/non-GF	\$782,037	\$4,668,988	\$939,059	\$5,152,521
Program Total:	\$5,451,025		\$6,091,580	
Program FTE	2.77	22.50	1.13	22.77

Program Revenues				
Intergovernmental	\$0	\$4,318,688	\$0	\$4,802,221
Service Charges	\$0	\$350,300	\$0	\$350,300
Total Revenue	\$0	\$4,668,988	\$0	\$5,152,521

Explanation of Revenues

STD/HIV/Hep C is funded by an intergovernmental agreement between Multnomah County as the local public health authority (LPHA) and the Oregon Health Authority for HIV prevention and State Support for Public Health disease investigation. Federal CDC and HRSA grants also contribute to program revenues.

State Local Public Health Authority IGA: \$ 436,146
 Federal STD Surveillance Network Grant (SSuN): \$ 75,000
 HIV EIO: \$ 4,291,075
 Medical Fees: \$ 350,300

Significant Program Changes

Last Year this program was: FY 2019: 40011-19 STD/HIV/Hep C Community Prevention Program

In FY20, this offer was scaled with 40010A-20 Communicable Disease Prevention and Control as part of divisional and program offer reorganizations that merge CD surveillance, disease investigations, disease intervention and control, including speciality clinical operations, and response evaluation. CD programming will continue to redesign during FY20 to improve efficiency and move forward foundational public health CD services, including assuring an appropriate scope of services is supported by local health system capacity.

Department: Health Department **Program Contact:** Kim Toevs
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40010A, 40010B
Program Characteristics: One-Time-Only Request

Executive Summary

Communicable disease (CD) programming protects community health by responding to reportable communicable diseases with prompt disease investigation and limiting the spread of these diseases through disease control interventions, including prevention focused interventions. CD is a foundational public health program that upholds State of Oregon statutes through disease tracking, investigation, intervention, control, and response evaluation. Vaccine hesitancy remains a local issue that lowers immunization rates and increases the spread of preventable communicable diseases.

Program Summary

As part of foundational public health CD programming, CD Prevention and Control (CDPC) is a trusted community resource that protects the people of Multnomah County from preventable infectious diseases. The program limits the spread of life-threatening infectious diseases using core public health principles and tools. Staff conduct investigations that find people who have been exposed to serious diseases to make sure they get the information and care they need to stay healthy. To prevent these diseases before they start, CDPC's culturally and linguistically diverse staff works with communities and stakeholders to provide health education, training, and technical assistance tailored to meet their specific needs. Vaccine hesitancy within local communities has played a major role in communicable disease outbreaks such as measles.

Vaccine hesitancy programming leverages CDCP's culturally-specific, health equity focused partnership building approach, as well as existing relationships with childcare providers and schools, to address immunization rates and barriers to vaccinations. Activities include: working with regional public health partners to analyze Health Share of Oregon data; engaging culturally specific communities, health system partners, and other local stakeholders; developing and implementing a communications campaign and health education materials; supporting community health workers to disseminate communications and educational materials and provide technical assistance to ensure partners are able to provide health education and linkage to appropriate immunization services.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Number of partners, including health care providers, engaged	NA	NA	NA	10
Outcome	Number of communication activities	NA	NA	NA	6

Performance Measures Descriptions

Legal / Contractual Obligation

ORS Chapters 433, multiple sections. OAR 333-012-0065: Epidemiology and Accident Investigation and Reporting
 OAR 333, Division 17, 18 and 19: Disease Control, Disease Reporting, and Investigation and Control of Diseases. OAR
 333-026-0030: Civil Penalties for Violations of OAR Chapter 333, Divisions 18 and 19. OHA ACDP Investigative Guidelines,
 per OAR 333, Div. 19. Local Health Department Program Elements PE 01, PE 03, PE 25, PE 43. OHA and CLHO BT/CD &
 TB Assurances
 OAR 437: OR-OSHA: Bloodborne Pathogens 1910.1030. CDC recs: Immunization of Health-Care Workers, Vol. 46/RR-18;
 Guidelines for Preventing the Transmission of TB in Health-Care Facilities, Vol. 43/RR-13.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$0	\$0	\$71,571	\$0
Contractual Services	\$0	\$0	\$5,000	\$0
Materials & Supplies	\$0	\$0	\$3,429	\$0
Total GF/non-GF	\$0	\$0	\$80,000	\$0
Program Total:	\$0		\$80,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Legal / Contractual Obligation

Federal HIV grant and contract funds are restricted. Part A grant requires: 1) Serving Clackamas, Columbia, Multnomah, Washington, Yamhill & Clark Counties; 2) 10% cap on planning & administration, requiring the County to cover some administrative costs; and 3) The County must spend local funds for HIV services at least at the level spent in the previous year.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$1,058,165	\$2,857,912	\$976,304	\$3,162,174
Contractual Services	\$160,724	\$16,778	\$124,092	\$16,619
Materials & Supplies	\$56,565	\$265,627	\$115,163	\$140,749
Internal Services	\$176,769	\$1,004,139	\$113,154	\$1,079,866
Total GF/non-GF	\$1,452,223	\$4,144,456	\$1,328,713	\$4,399,408
Program Total:	\$5,596,679		\$5,728,121	
Program FTE	7.04	24.12	4.94	25.09

Program Revenues				
Intergovernmental	\$0	\$2,997,636	\$0	\$2,827,202
Other / Miscellaneous	\$0	\$0	\$0	\$293,010
Service Charges	\$1,452,223	\$1,146,820	\$1,328,713	\$1,279,196
Total Revenue	\$1,452,223	\$4,144,456	\$1,328,713	\$4,399,408

Explanation of Revenues

Ryan White Part A funds for 19-20: \$1,293,679 (Medical, Case management, Non medical case management and Housing)
 Ryan White Part D funds for 19-20: \$368,760 (Women, Children, Youth and IPV program)
 Ryan White Part F funds for 19-20: \$13,121 (OHSU dental referrals case management) and \$81,400. (AETC)
 Primary Care Grant (330) for FY 20: \$45,000.
 Primary Care HIV-Early Intervention: \$811,624
 Oregon Health Authority HIV Care: \$98,606. (OA/Case Management support)
 Oregon Health Authority Ryan White: \$115,000
 Medical Fees: \$2,607,909
 FOCUS Hepatitis C Foundation Grant 19-20: Hep C Primary Care Screening and Treatment: \$293,010

Significant Program Changes

Last Year this program was: FY 2019: 40012-19 Services for Persons Living with HIV

This clinic is part of the State's Alternative Payment Methodology "APM" pilot (paid PM/PM fee to manage care of OHP patients). Beginning 07/01/2019 OHA will discontinue PM/PM payments for those clients who have not had a visit or "CareStep" (engagement with a non-billable provider such as a Community Health Worker) at the clinic in a 24 month period.

HIV Health Services Staffing was reduced by 1.13 FTE.

Department: Health Department **Program Contact:** Kim Toevs
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40010B
Program Characteristics:

Executive Summary

The HIV Care Services Program provides community-based services to 2,600 highly vulnerable people living with HIV through administering and coordinating federal and state grants. Services are focused on people who are low income, uninsured, and people experiencing homelessness, and/or mental illness/substance abuse, as well as other special needs populations. These services contribute to lower mortality from HIV, fewer disease complications and the associated costs, and reduced transmission of HIV in the community.

Program Summary

HIV Care Services Program (HCS) coordinates a regional 6-county care system that promotes access to high quality HIV services through contracts with the health department and community organizations. In the past year HCS served over 2,600 clients. HIV infection affects different subpopulations at different rates in the US. HCS's overarching goal is to support individuals already infected to achieve successful HIV treatment. Called viral suppression, successful treatment means higher quality of life, greater health, longer life, and virtually no transmission to other people. HCS work diligently with partners to assure equitable rates of viral suppression, regardless of race, income, sexual orientation, or gender. The three groups with least viral suppression locally currently are Blacks/African Americans, injection drug users, and youth/young adults ages 13-29. People who are unstably housed/experiencing homelessness have significant barriers to treatment which also impacts viral suppression.

With these disparities in mind, HCS contracts services to meet basic needs and improve linkage to care and adherence to medication, including through culturally specific case management, with the end goal of higher viral suppression rates and improved health outcomes for people living with HIV. Data is shared regularly with service providers to appropriately focus resources for clients with highest need.

HCS funded services include: Early Intervention (Outreach ensures early identification of people living with HIV and linkage to medical care). Healthcare – (A coordinated primary care system provides medical, dental, and mental health and substance abuse treatment). Service Coordination (Case management connects clients with health insurance, housing, and other services critical to staying in care). Housing (Rental assistance and building life skills provide housing and support to clients who are among the most vulnerable in the county to ensure ability to remain engaged in medical care and adherent to medications). Health Promotion (Behavioral education provides clients with self-management skills). Food (Congregate meals, home delivered meals, and access to food pantries eliminates food insecurity and provides nutrition for managing chronic illness. Planning (A community-based council identifies service needs and allocates funding to address these gaps).

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Number of unduplicated HCS clients served (all service types/whole 6-county system)	2,634	2,700	2,650	2,675
Outcome	Percent of HCS clients (all 6 counties) who are virally suppressed	83%	NA	85%	90%
Outcome	Increase viral suppression rate of Black/African Americans to reduce the disparity compared with Whites	81%	NA	82%	83%

Performance Measures Descriptions

2) This test measures how much virus is in the blood. Below 200 is a strong sign of individual health and per new scientific evidence an undetectable viral load will not transmit the HIV virus. 3) Viral suppression rates for Black/African-Americans are significantly lower compared to whites and other people of color. Numbers are too small to see statistical significance for some other demographic groups.

Legal / Contractual Obligation

Federal HIV grant and contract funds are restricted. Part A grant requires: 1) Serving Clackamas, Columbia, Multnomah, Washington, Yamhill & Clark Counties; 2) Community-based Planning Council; 3) 10% cap on planning & administration, requiring the County to cover some administrative costs; and 4) The County must spend local funds for HIV services at least at the level spent in the previous year.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$0	\$652,884	\$0	\$823,697
Contractual Services	\$3,500	\$3,446,892	\$5,500	\$3,571,199
Materials & Supplies	\$0	\$36,071	\$1,196	\$21,730
Internal Services	\$32,445	\$151,197	\$37,990	\$157,880
Total GF/non-GF	\$35,945	\$4,287,044	\$44,686	\$4,574,506
Program Total:	\$4,322,989		\$4,619,192	
Program FTE	0.00	5.10	0.00	6.67

Program Revenues				
Intergovernmental	\$0	\$4,287,044	\$0	\$4,574,506
Total Revenue	\$0	\$4,287,044	\$0	\$4,574,506

Explanation of Revenues

Ryan White Part A funds for 19-20: \$ 2,495,899 (Medical, Case management, Non medical case management and Housing)

Oregon Health Authority Ryan White: \$ 2,078,607

Significant Program Changes

Last Year this program was: FY 2019: 40012-19 Services for Persons Living with HIV

The HIV Health Services Center and HIV Care Services are now split into two separate program offers, 40012A and 40012B respectively.

Legal / Contractual Obligation

The Medicaid Enrollment Program is on contract with the State Division of Medical Assistance Programs (DMAP) to provide application and enrollment assistance to all OHP/Medicaid eligibles including education regarding managed health care. Information shall include establishing a Date of Request (DOR) or effective date of coverage, managed medical, dental, and mental health care, covered services (including preventive and emergent), client rights and responsibilities, and the grievance and appeal process.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$430,228	\$1,272,492	\$546,132	\$1,245,081
Contractual Services	\$18,000	\$0	\$18,000	\$0
Materials & Supplies	\$10,599	\$2	\$13,303	\$449
Internal Services	\$230,215	\$160,461	\$251,696	\$144,416
Total GF/non-GF	\$689,042	\$1,432,955	\$829,131	\$1,389,946
Program Total:	\$2,121,997		\$2,219,077	
Program FTE	4.00	14.00	5.74	12.26

Program Revenues				
Intergovernmental	\$0	\$295,693	\$0	\$294,466
Service Charges	\$0	\$1,137,262	\$291,512	\$1,095,480
Total Revenue	\$0	\$1,432,955	\$291,512	\$1,389,946

Explanation of Revenues

Medicaid/Medicare eligibility receives funding from the Division of Medical Assistance Programs (DMAP) which provides compensation to eligible Federally Qualified Health Centers (FQHCs) for outreach activities. DMAP provides compensation through calculating a rate that is equal to 100% of allowable, specific direct costs according to OAR 410-147-0400. The revenue for FY20 is based on actual expenses from FY2019. DMAP disallows the cost of supervision, office support and interpretation services. General fund provides funding for expenditures not covered by state funding.

Division of Medical Assistance Programs (DMAP): \$1,095,480
 Federal Primary Care (330) Grant: \$294,467
 FQHC Medicaid Wraparound: \$291,512

Significant Program Changes

Last Year this program was: FY 2019: 40016-19 Medicaid/Medicare Eligibility

Department: Health Department **Program Contact:** Len Barozzini
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Dental Services provides County residents with essential, urgent, routine, and preventive services in clinic settings and school-based programs. Program works with community partners, targeting under-served populations; providing service to nearly 27,000 people in Multnomah County. The Dental Program is the largest Safety Net provider for vital dental care in the County and provides child based services to uninsured and underinsured clients; focuses on access for clients with chronic diseases, children and pregnant women. The program uses evidence based practice guidelines.

Program Summary

The Dental program has four distinct service components. Six dental clinics provide comprehensive and urgent dental treatment for Medicaid (Oregon Health Plan) and self-pay patients. The clinics perform outreach to clients who have not had a visit in the past 12-24 months. The clinical program also focuses on services for pregnant women in order to reduce the risk of premature birth, and to foster a good oral health learning collaboration between the dental program, and expectant mothers. The School and Community Oral Health Program provides dental education, and dental sealant services to children in Multnomah County schools, and provides outreach, education, and dental treatment specifically to children 0-36 months in our clinic setting, known as our Baby Day program. The Dental program also delivers mandated services within two Corrections Health sites. The fourth component of the program consists of mentoring and training 3rd and 4th year OHSU Dental students who provide services to our clients in the clinics, under the preceptorship of our providers, which helps cultivate a workforce interested in providing public health today and into the future. Dental Services is an essential program that provides education, prevention, and dental treatment to the poorest and most vulnerable in Multnomah County. Services include dental sealants (protective coatings placed on children's molar teeth), which have been a mainstay at our School and Community Oral Health Program for many years, preventive measures and improving access for clients who have recently gained insurance through our outreach efforts. The focus on metrics benefits the community, quality of care, and our financial picture. The Dental program continues to search for ways to deliver the best evidence based oral healthcare services, to the most persons, in a reasonable, and cost-effective manner.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Billable patient visits (including School and Community Oral Health)	77,000	91,573	84,000	91,706
Outcome	No show rate	18%	17%	16%	15%
Quality	Opioid Prescribing by Dentists	CY 16~2,240	CY 17~1,800	CY 17~1,108	CY 18~1,000

Performance Measures Descriptions

RETIRED: Measure 3: percent of patients who say that provider always listens. As this figure was, and is consistently high, often over 90%, we feel it is not a useful benchmark going forward. It has been replaced: NEW: Measure 3: Opioid prescribing by dentists: As this measurement is critical, and impressive and valued by all HD employees, we have opted to add this important measurement for FY 19, in order to continue to emphasize its importance to the program, and the county as a whole. These figures are based on a CY. not FY.

Legal / Contractual Obligation

Dental services are a requirement of the Bureau of Primary Health Care 330 Grant.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$11,946,957	\$4,345,224	\$10,792,617	\$6,559,060
Contractual Services	\$189,186	\$223,753	\$172,486	\$230,966
Materials & Supplies	\$488,472	\$743,965	\$527,734	\$739,097
Internal Services	\$1,925,564	\$2,452,611	\$2,027,947	\$2,470,195
Total GF/non-GF	\$14,550,179	\$7,765,553	\$13,520,784	\$9,999,318
Program Total:	\$22,315,732		\$23,520,102	
Program FTE	81.24	48.25	62.65	70.16

Program Revenues				
Intergovernmental	\$0	\$312,564	\$0	\$312,000
Other / Miscellaneous	\$500,000	\$0	\$700,000	\$142,070
Beginning Working Capital	\$263,961	\$0	\$459,000	\$0
Service Charges	\$13,786,218	\$7,452,989	\$12,361,784	\$9,545,248
Total Revenue	\$14,550,179	\$7,765,553	\$13,520,784	\$9,999,318

Explanation of Revenues

The primary source of revenue is Medicaid payments and patient fees.

Dental Patient Fees: \$ 23,066,032

PC Coordination Fund: \$ 142,070

Federal Primary Care (330) Grant: \$ 312,000

Significant Program Changes

Last Year this program was: FY 2019: 40017-19 Dental Services

For FY 2020 the program will continue to deliver services in a compassionate, whole body manner in order to facilitate and promote integration with primary care. The County dental program has been a State leader at reducing the number opioids prescribed by over 70% from CY 2015 compared to CY 2017.

Department: Health Department **Program Contact:** Kathleen Humphries
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

The Women, Infants and Children Program (WIC) serves approximately 14,500 pregnant women and mothers and their infants and young children per month. WIC promotes positive health outcomes through strengthening life course nutrition with healthful foods and nutrition education, promoting and supporting breastfeeding, and providing comprehensive health and social service referrals.

Program Summary

WIC is a public health program that improves the nutrition and nutrition-related health of pregnant women, nursing moms, infants, and young children. The program is committed to raising the level of nutrition-related health status experienced by the most vulnerable members within the county. WIC provides nutritious food, nutrition education and counseling, growth monitoring, health screening, peer breastfeeding support, and networks of support to eligible families. These services strive to have lasting effects so families enjoy better nutrition and health throughout their lives.

Early life nutrition affects every aspect of health across the life course. Evaluation of WIC has demonstrated that families on WIC are in overall better health and have less food insecurity when they are on the program. WIC mothers have a 25% reduced risk for preterm birth and 44% lower risk for low birth weight babies, resulting in better health and less chronic disease throughout their lives. For every dollar spent on a pregnant woman in WIC, up to \$4.21 is saved in Medicaid costs. Supporting families in their breastfeeding goals is another key focus area for WIC. Breastfeeding provides immunity protection to infants, health benefits to the mother, and lifelong risk reduction for important chronic diseases. Breastfeeding promotion at WIC and the Breastfeeding Peer Counseling (BFPC) program use an evidence-based support model that is effective for the County's most vulnerable families who experience significant economic and racial disparities in breastfeeding.

WIC served over 21,700 different clients last year with multiple visits and provided access to other support services including prenatal and children's healthcare, immunizations, Head Start, housing and day care assistance, social services, referrals to other County public health programs, SNAP and other food assistance. WIC acts as a core referral center for other health and social services and is key in enrolling families in Medicaid and private insurance and other early childhood programs. The 18 full time nutrition provider staff conducted 49,614 visits in 2018. WIC's emphasis on prenatal health and early childhood helps the County support health over the life course and reduce health inequities. For example, 27% of WIC clients do not speak English and, in a given month, WIC serves 3,813 clients who speak 40 languages other than English. The program responds to this need by having signage in multiple languages, hiring professional staff who speak multiple languages fluently, and contracting with outside agencies to provide interpretation services.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Number of WIC clients in one year who receive healthful foods with E-WIC benefits	21,793	21,896	21,800	21,800
Outcome	Percent of WIC clients initiating breastfeeding	92%	93%	92.5%	92.5%
Outcome	Number of nutrition education contacts with WIC families	49,208	47,133	46,302	47,000
Quality	Average number of clients served per month in languages other than English	3,813	4,080	3,900	3,900

Performance Measures Descriptions

1) Participants receive healthful foods and culturally specific ideas on how to use them. Infants who are breastfeeding receive food benefits via enhanced food packages for their nursing mother. 2) % of mothers who initiated breastfeeding after delivery. 3) All participant contacts that include nutrition education, counseling, or support activity or interaction. 4) Families who indicate "prefers a language other than English" and for whom interpreters were provided and family was successful in becoming certified at WIC.

Legal / Contractual Obligation

The Special Supplemental Nutrition Program for Women, Infants, and Children are authorized by Section 17 of the Child Nutrition Act of 1966, 42 U.S.C. 1786, as amended through PL105-394, and the regulations promulgated pursuant thereto, 7 CFR Ch. II, Part 246.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$1,115,100	\$2,639,861	\$1,333,009	\$2,665,245
Contractual Services	\$100,085	\$0	\$62,169	\$0
Materials & Supplies	\$65,562	\$2,060	\$63,951	\$590
Internal Services	\$786,153	\$332,888	\$740,871	\$308,973
Total GF/non-GF	\$2,066,900	\$2,974,809	\$2,200,000	\$2,974,808
Program Total:	\$5,041,709		\$5,174,808	
Program FTE	11.55	26.90	13.48	25.12

Program Revenues				
Intergovernmental	\$0	\$2,974,809	\$0	\$2,974,808
Total Revenue	\$0	\$2,974,809	\$0	\$2,974,808

Explanation of Revenues

WIC's revenue includes federal funds in the intergovernmental revenue agreement between Multnomah County as the local public health authority (LPHA) and the State of Oregon Public Health Services. WIC is also funded with County general fund. County general funds assist the WIC program in meeting the Federal/State funding requirement of scheduling new pregnant women within 10 days of application to the program. Starting in FY17, Title V grant funds were also part of the WIC portfolio of funding. These funds are used to increase African American culturally specific breastfeeding support in Multnomah County through WIC.

State WIC grant: \$ 2,899,808

State Maternal & Child Health (Title V) grant: \$ 75,000

Significant Program Changes

Last Year this program was: FY 2019: 40018-19 Women, Infants, and Children (WIC)

Department: Health Department **Program Contact:** Tasha Wheatt-Delancy
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

The North Portland Health Center provides comprehensive, culturally appropriate primary care, enabling and behavioral health services to vulnerable residents who are uninsured or under-insured and otherwise may not have access to medical care and is part of the County's FQHC. The clinic provides care to approximately 3800 patients that identify North Portland Health Center as their medical home.

Program Summary

North Portland Health Center primary care services are designed to be a Patient Centered Primary Care Home (PCPCH). This includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services and collaboration with community partners. Culturally competent primary care services are provided and include: treatment of acute and chronic illnesses, behavioral health, family planning, prenatal and preventive services (well child, immunizations). Ancillary support services are operationally integrated and include pharmacy and lab. Enabling services include Medicaid eligibility screening, medical interpretation, transportation, case management and health education. North Portland Health Center plays a significant role in providing safety net medical services to residents in the community.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Number of patients with a North Portland Health Center assigned PCP	3999	4900	3857	4000
Outcome	% Adolescent Well Visits Completed	57.8%	51%	57%	57%

Performance Measures Descriptions

Output: Number of patients with a NPHC assigned PCP seen within the last 12 months.
Outcome: % Adolescent Well Visits Completed

Legal / Contractual Obligation

NPHC complies with the Bureau of Primary Health Care (BPHC) grant, state Family Planning agency grant, Joint Commission Accreditation requirements, CLIA (Laboratory accreditation) requirements and CCO contractual obligations. MCHC meets all Federally Qualified Health Center (FQHC) designated requirements.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$2,128,824	\$1,814,064	\$1,915,189	\$1,756,091
Contractual Services	\$0	\$54,603	\$0	\$105,400
Materials & Supplies	\$46,583	\$157,500	\$57,278	\$157,981
Internal Services	\$587,176	\$656,484	\$422,938	\$799,194
Total GF/non-GF	\$2,762,583	\$2,682,651	\$2,395,405	\$2,818,666
Program Total:	\$5,445,234		\$5,214,071	
Program FTE	12.60	18.40	10.40	16.00

Program Revenues				
Intergovernmental	\$0	\$583,281	\$0	\$725,661
Service Charges	\$2,755,354	\$2,099,370	\$2,370,595	\$2,093,005
Total Revenue	\$2,755,354	\$2,682,651	\$2,370,595	\$2,818,666

Explanation of Revenues

This program is supported by a federal BPHC grant, State Family Planning grant, state funds for maternal & child health services, as well as Medicaid/Medicare fee revenue. County General Fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants and to serve uninsured patients.

Medical Fees: \$ 4,463,600
 Federal Primary Care grant PC 330: \$ 125,280
 Federal Primary Care/Homeless grant: \$ 600,381

Significant Program Changes

Last Year this program was: FY 2019: 40019-19 North Portland Health Clinic

This clinic is part of the State's Alternative Payment Methodology "APM" pilot (paid PM/PM fee to manage care of OHP patients). Beginning 07/01/2019 OHA will discontinue PM/PM payments for those clients who have not had a visit or "CareStep" (engagement with a non-billable provider such as a Community Health Worker) at the clinic in a 24 month period.

North Portland Clinic Staffing was reduced by 4.60FTE.

Department: Health Department **Program Contact:** Tasha Wheatt-Delancy

Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted

Related Programs:
Program Characteristics:

Executive Summary

Northeast Health Center (NEHC), provides comprehensive, culturally appropriate primary care, enabling, and behavioral health services to the uninsured and under-insured residents of Northeast Portland and is part of the County's Federally Qualified Health Center (FQHC). The Northeast Clinic was strategically placed to provide vital services to a population that otherwise may not have access to medical care. The clinic provides care to approximately 4900 patients that identify Northeast Health Center as their primary care home.

Program Summary

Northeast Health Clinic primary care services are designed to be a Patient Centered Primary Care Home (PCPCH). This includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services and collaboration with community partners. Culturally competent primary care services are provided and include: treatment of acute and chronic illnesses, behavioral health, family planning, prenatal and preventive services (well child, immunizations). Ancillary support services are operationally integrated and include pharmacy and lab. Enabling services include Medicaid eligibility screening, medical interpretation, transportation, case management and health education. Northeast Health Clinic plays a significant role in providing safety net medical services to residents in the community.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Number of patients with a Northeast Health Center assigned PCP	5200	6100	4900	5200
Outcome	% Adolescent Well Visits Completed	53.6%	51%	53%	54%

Performance Measures Descriptions

Outcome: Number of patients with a NEHC assigned PCP seen within the last 12 months.

Outcome: % Adolescent Well Visits Completed

Legal / Contractual Obligation

The NEHC complies with the Bureau of Primary Health Care (BPHC) grant, the state Reproductive Health grant, Joint Commission Accreditation requirements, CLIA (Laboratory accreditation) requirements and CCO contractual obligations. The NEHC contracts with CARES Northwest at Legacy Emanuel Hospital to provide two days per week of medical assessment services for children suspected to be victims of child abuse.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$2,554,827	\$2,109,215	\$2,325,896	\$1,892,594
Contractual Services	\$0	\$119,063	\$122,251	\$0
Materials & Supplies	\$20,712	\$330,258	\$33,936	\$178,776
Internal Services	\$903,829	\$755,719	\$599,317	\$1,024,747
Total GF/non-GF	\$3,479,368	\$3,314,255	\$3,081,400	\$3,096,117
Program Total:	\$6,793,623		\$6,177,517	
Program FTE	12.92	23.28	11.70	17.90

Program Revenues				
Intergovernmental	\$0	\$1,035,816	\$0	\$986,832
Service Charges	\$3,472,882	\$2,278,439	\$3,054,849	\$2,109,285
Total Revenue	\$3,472,882	\$3,314,255	\$3,054,849	\$3,096,117

Explanation of Revenues

Northeast Health Clinic is supported by the federal BPHC grant, the state Reproductive Health Program grant, state funds for Maternal & Child Health Services through the inter-governmental agreement between Multnomah County as the Local Public Health Authority (LPHA), Medicaid/Medicare and other medical fees, and County General Fund. County General Fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants and to serve uninsured patients.

Medical Fees: \$ 5,164,134
 Federal Primary Care (330) grant: \$ 986,832

Significant Program Changes

Last Year this program was: FY 2019: 40020-19 Northeast Health Clinic

This clinic is part of the State's Alternative Payment Methodology "APM" pilot (paid PM/PM fee to manage care of OHP patients). Beginning 07/01/2019 OHA will discontinue PM/PM payments for those clients who have not had a visit or "CareStep" (engagement with a non-billable provider such as a Community Health Worker) at the clinic in a 24 month period.

Northeast Health Clinic staffing was reduced by 6.60 FTE.

Department: Health Department **Program Contact:** Tasha Wheatt-Delancy
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted

Related Programs:
Program Characteristics:
Executive Summary

Mid-County Health Center (MCHC) serves clients in one of the poorest and most culturally diverse areas of Multnomah County. MCHC provides vital health services for patients who, even if insured, would remain isolated from medical care because of where they live, the language they speak and their higher level of complex healthcare needs. With its Refugee Program and culturally competent staff, MCHC is an important health care safety net for the community and is part of the County's Federally Qualified Health Center (FQHC). The clinic provides a medical home to approximately 9800 patients.

Program Summary

MCHC provides culturally competent, comprehensive primary care, preventive health and enabling services such as transportation, translation, case management and health education which address the needs of the whole person. Care that addresses patients' beliefs and culture is more likely to succeed in improving and maintaining their health. MCHC is tightly linked with refugee resettlement agencies (i.e., SOAR, IRCO, Catholic Charities, Lutheran Community Services), the Centers of Disease Control and the State of Oregon. About 80% of all clients are immigrants or were refugees (Ukraine, Afghanistan, DRC, Burman, Russia, Latin America, Kosovo, etc.). Staff represent approximately 25 different countries and more than 60% of the MCHC staff speak a second language. Many of the staff are immigrants and a few were refugees themselves. MCHC services are designed specifically to prevent people from needing more costly and often less appropriate care while addressing the social determinants of health. The immigrant and refugee populations often receive little preventative care at home, leading to a disproportionately high rate of serious medical conditions (ie. diabetes, hypertension, heart disease, cancer). Many client families have three or more children; often with serious health problems (ie. asthma, diabetes, poor nutrition, no dental care, post-traumatic stress, etc.) which impact their schooling and development. This program helps them with pediatric and prenatal services as well as referrals. Many children receive their first complete set of vaccines at MCHC.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Number of patients with a Mid County Health Center assigned PCP	10,058	11,000	9,807	10,000
Outcome	% Adolescent Well Visits Completed	51%	55.5%	54%	51%

Performance Measures Descriptions

Outcome: Number of patients with a MCHC assigned PCP seen within the last 12 months
 Outcome: % Adolescent Well Visits Completed

Legal / Contractual Obligation

MCHC complies with the Bureau of Primary Health Care (BPHC) grant, the state Reproductive Health program, Joint Commission Accreditation requirements, CLIA (Laboratory accreditation) requirements and CCO contractual obligations. MCHC meets all Federally Qualified Health Center (FQHC) designated requirements.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$5,602,369	\$2,807,555	\$5,210,262	\$2,918,807
Contractual Services	\$529,481	\$0	\$401,700	\$110,205
Materials & Supplies	\$81,519	\$574,929	\$111,160	\$526,463
Internal Services	\$920,647	\$1,767,222	\$603,869	\$1,921,011
Total GF/non-GF	\$7,134,016	\$5,149,706	\$6,326,991	\$5,476,486
Program Total:	\$12,283,722		\$11,803,477	
Program FTE	38.70	26.70	28.87	27.55

Program Revenues				
Intergovernmental	\$0	\$689,061	\$0	\$729,253
Service Charges	\$7,127,012	\$4,460,645	\$6,309,198	\$4,747,233
Total Revenue	\$7,127,012	\$5,149,706	\$6,309,198	\$5,476,486

Explanation of Revenues

Mid County Health Clinic is supported by the federal BPHC grant, the state Reproductive Health Program grant, state funds for Maternal & Child Health Services through the inter-governmental agreement between Multnomah County as the Local Public Health Authority (LPHA), Medicaid/Medicare and other medical fees, and county general fund.

Medical Fees: \$ 10,971,431
 Federal Primary Care (330) grant: \$ 729,253
 State AFS Refugee Screening: \$ 85,000

Significant Program Changes

Last Year this program was: FY 2019: 40022-19 Mid County Health Clinic

This clinic is part of the State's Alternative Payment Methodology "APM" pilot (paid PM/PM fee to manage care of OHP patients). Beginning 07/01/2019 OHA will discontinue PM/PM payments for those clients who have not had a visit or "CareStep" (engagement with a non-billable provider such as a Community Health Worker) at the clinic in a 24 month period.

Mid County Health Clinic staffing was reduced by 8.98 FTE.

Department: Health Department **Program Contact:** Tasha Wheatt-Delancy

Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted

Related Programs:
Program Characteristics:
Executive Summary

The East County Health Center (ECHC) provides comprehensive, culturally appropriate primary care, enabling, and behavioral health services to the uninsured and under-insured residents of East Multnomah County and is part of the County's Federally Qualified Health Center (FQHC). The clinic serves seasonal migrant workers, pregnant women, infants, children that reside in East Multnomah County who, even if insured, would remain isolated from comprehensive health care services because of where they live, the language they speak and their higher level of complex health care needs.

Program Summary

East County Health Center primary care services are designed to be a person centered medical home (PCMH). This includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services and collaboration with community partners. Culturally appropriate primary care services are provided and include: treatment of acute and chronic illnesses, behavioral health, family planning, prenatal and preventive services (well child, immunizations). Ancillary support services are operationally integrated and include pharmacy and lab. Enabling services include Medicaid eligibility screening, medical interpretation, transportation, case management and health education. East County Health Center plays a significant role in providing safety net medical services to residents in the community. The clinic provides a medical home to over 9,900 patients.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Number of patients with a East County Health Center assigned PCP	10,139	11,000	10,000	10,000
Outcome	% Adolescent Well Care Visits Completed	52%	51%	51%	51%

Performance Measures Descriptions

Outcome: Number of patients with a ECHC assigned PCP seen within the last 12 months.

Outcome: % Adolescent Well Visits Completed

Legal / Contractual Obligation

The ECHC complies with the Bureau of Primary Health Care (BPHC) grant, the state Reproductive Health grant, Joint Commission Accreditation requirements, CLIA (Laboratory accreditation) requirements and CCO contractual obligations. ECHC meets all Federally Qualified Health Center (FQHC) designated requirements.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$3,737,875	\$3,632,749	\$4,226,757	\$2,961,381
Contractual Services	\$0	\$348,126	\$0	\$379,280
Materials & Supplies	\$76,662	\$318,691	\$38,355	\$426,803
Internal Services	\$1,331,498	\$885,847	\$489,881	\$1,655,333
Total GF/non-GF	\$5,146,035	\$5,185,413	\$4,754,993	\$5,422,797
Program Total:	\$10,331,448		\$10,177,790	
Program FTE	19.38	35.72	23.90	25.20

Program Revenues				
Intergovernmental	\$0	\$1,311,143	\$0	\$985,315
Service Charges	\$5,132,328	\$3,874,270	\$4,730,316	\$4,437,482
Total Revenue	\$5,132,328	\$5,185,413	\$4,730,316	\$5,422,797

Explanation of Revenues

East County Health Clinic is supported by the federal BPHC grant, the state Reproductive Health Program grant, state funds for Maternal & Child Health Services through the inter-governmental agreement between Multnomah County as the Local Public Health Authority (LPHA), Medicaid/Medicare and other medical fees, and county general fund. County General Fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants and to serve uninsured patients.

Medical Fees: \$ 9,167,800
 Federal Primary Care (330) grant: \$ 985,315

Significant Program Changes

Last Year this program was: FY 2019: 40023-19 East County Health Clinic

This clinic is part of the State's Alternative Payment Methodology "APM" pilot (paid PM/PM fee to manage care of OHP patients). Beginning 07/01/2019 OHA will discontinue PM/PM payments for those clients who have not had a visit or "CareStep" (engagement with a non-billable provider such as a Community Health Worker) at the clinic in a 24 month period.

East County Health Clinic staffing was reduced by 6.00 FTE.

Legal / Contractual Obligation

SHC complies with the Bureau of Primary Health Care grant, Joint Commission accreditation requirements, CCO contractual obligations, and State School Based Health Center certification requirements. SHC meets all Federally Qualified Health Center (FQHC) designated requirements.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$2,535,395	\$1,678,164	\$2,068,520	\$1,872,088
Contractual Services	\$3,264	\$68,659	\$48,701	\$69,369
Materials & Supplies	\$290,266	\$93,490	\$238,811	\$32,342
Internal Services	\$1,203,604	\$439,422	\$1,148,739	\$301,032
Total GF/non-GF	\$4,032,529	\$2,279,735	\$3,504,771	\$2,274,831
Program Total:	\$6,312,264		\$5,779,602	
Program FTE	17.62	15.14	12.79	16.08

Program Revenues				
Intergovernmental	\$0	\$1,015,169	\$0	\$881,382
Service Charges	\$2,075,300	\$1,264,566	\$1,601,347	\$1,393,449
Total Revenue	\$2,075,300	\$2,279,735	\$1,601,347	\$2,274,831

Explanation of Revenues

SHCs are supported by federal BPHC grant, state family planning grant, State School Based Health Centers grant through the intergovernmental agreement between Multnomah County as the Local Public Health Authority (LPHA) and the State of Oregon Public Health Services, as well as enhanced Medicaid/Medicare fee revenue. County General Fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants and to serve uninsured patients.

Medical Fees: \$ 2,994,796

State SHC grant: \$508,000 (The County serves as the pass through agency (\$56,000) for the medical sponsor, Oregon Health Sciences University, to run the Benson High School Wellness Center.)

Federal Primary Care grant: \$373,379

Significant Program Changes

Last Year this program was: FY 2019: 40024A-19 School Based Health Centers

Student Health Center staffing was reduced by 3.89 FTE.

Department: Health Department **Program Contact:** Alexandra Lowell
Program Offer Type: Program Alternative/Reconstruction **Program Offer Stage:** As Adopted
Related Programs: 40024A
Program Characteristics: One-Time-Only Request

Executive Summary

The Student Health Center (SHC) program provides access to comprehensive preventive, primary, and mental healthcare for Multnomah County school-aged youth at eight health centers in four school districts and is part of the County's FQHC. Without this safety net, many school-aged youths would not receive necessary health care. After a two year planning process, the program is proposing to expand to address the large unmet need in the Reynolds School District by opening a SHC at Reynolds High School.

Program Summary

The SHC sites provide comprehensive preventive primary care for school-aged youth to keep them healthy and focused on learning. This is achieved through partnerships with schools, families, healthcare providers and community agencies.

This program offer creates a sustainable and operationally efficient program that maximizes health impact for children and youth in Multnomah County by opening a new SHC at Reynolds High School. The program offer supports staffing, transition activities, and community engagement with students and their families in the Reynolds School District as well as continuing to connect K-8 and middle schools to their nearest SHC. The program strives to ensure that basic physical and behavioral health needs of youth are met to help them attend, participate and remain in school.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	% of patients with one or more visits with a health assessment in the last year	N/A	N/A	N/A	60%
Outcome	% of patients with one or more visits with a documented well visit in the last year	N/A	N/A	N/A	70%

Performance Measures Descriptions

Legal / Contractual Obligation

SHC complies with the Bureau of Primary Health Care grant, Joint Commission accreditation requirements, CCO contractual obligations, and State School-Based Health Center certification requirements. SHC meets all Federally Qualified Health Center (FQHC) designated requirements.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$0	\$0	\$208,689	\$133,489
Contractual Services	\$0	\$0	\$6,846	\$0
Materials & Supplies	\$0	\$0	\$22,040	\$0
Internal Services	\$0	\$0	\$6,052	\$15,473
Total GF/non-GF	\$0	\$0	\$243,627	\$148,962
Program Total:	\$0		\$392,589	
Program FTE	0.00	0.00	1.57	1.07

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$55,994
Service Charges	\$0	\$0	\$58,273	\$92,968
Total Revenue	\$0	\$0	\$58,273	\$148,962

Explanation of Revenues

SHCs are supported by federal BPHC grant, state family planning grant, State School Based Health Centers grant through the intergovernmental agreement between Multnomah County as the Local Public Health Authority (LPHA) and the State of Oregon Public Health Services, as well as enhanced Medicaid/Medicare fee revenue. County General Fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants and to serve uninsured patients.

Medical Fees: \$257,959

State SHC grant: \$56,000

Significant Program Changes

Last Year this program was:

Department: Health Department **Program Contact:** Kim Toevs
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40060
Program Characteristics: Measure 5 Education

Executive Summary

The Adolescent Sexual Health Equity Program (ASHEP) aims to create a culture that affirms and advocates for individual and relationship health and justice of youth, and address the root causes of health inequities including racism. Through training, ASHEP builds community capacity in schools and community partners and provides direct evidence-based health promotion with youth, parents, and caring/mentoring adults. Goals: support school districts to meet state requirements, reduce youth/teen dating violence, eliminate sexual/reproductive health disparities, and promote youth development.

Program Summary

The Adolescent Sexual Health Equity Program (ASHEP) promotes individual and relationship health through empowering partners to provide large-scale population-level programming in multiple school districts and community settings. ASHEP uses public health and social determinate data to identify geographic areas and specific populations at highest need for focused resources. Locally, significant sexual and reproductive health inequities exist among Latinx, Native Americans, and African Americans. LGBTQ youth populations are also disproportionately impacted by violence and sexually transmitted infection when compared to the county as a whole. Both health inequities and trauma related to violence can interrupt education and limit future opportunities impacting the long-term fertility and health of youth. In FY20, ASHEP will reach over 7,000 youth.

ASHEP partners with youth, educators, caregivers, and service providers in school and community settings. Oregon law requires comprehensive sexuality and healthy relationship skill education for youth; development and adoption of child sexual abuse prevention programs for students in grades K-12; and that all youth, regardless of income, citizenship status, gender identity or type of insurance, have access to the full range of preventive reproductive health services. ASHEP plays a key role in supporting schools to meet this goal, and to help ensure community members have the information and support systems needed to access and advocate for their own health care. ASHEP trains educators and adult mentors in evidence-based and evidence informed sexual and relationship health curricula and teen-dating violence prevention curricula. ASHEP staff evaluate programs and adapt/translate curricula to provide effective education to special populations. ASHEP Health Educators also reach high-need youth not enrolled in mainstream public schools. Together ASHEP staff and community partners work to strengthen community resilience, address inequities, and support culturally-specific and responsive efforts. The capacity of African American, Latino, and Native American communities is increased by training, collaborating, and providing technical support to partner organizations to provide culturally-specific skill building, policy advocacy, and community mobilization among both youth and their parents/caring adults.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Number of participants in educational sessions/training	9,775	2,500	7,000	7,500
Outcome	% of trained educators who feel confident teaching evidence-based sexuality or violence prevention curricula	90%	85%	90%	85%
Quality	Percent of classes taught to fidelity	85%	89%	90%	85%

Performance Measures Descriptions

1) Total number of target population participants reached through direct services (includes parents, youth, teachers, and community-based program staff) Federal funding was restored in FY19 resulting in increased participants. 2) The percentage of educators, after training, that feel confident they can implement an evidence-based sexual health or violence prevention curriculum. 3) The percentage of observed classes that include key components of evidence-based curricula.

Legal / Contractual Obligation

OAR Rule 581-022-1440 State of Oregon's Human Sexuality Education Administrative Rule: We support school districts who are legally obligated to meet this statute.

ASHEP has contractual obligations per revenue funding source.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$230,915	\$0	\$47,434	\$472,888
Contractual Services	\$0	\$0	\$0	\$666,000
Materials & Supplies	\$959	\$0	\$960	\$23,692
Internal Services	\$98,500	\$0	\$44,632	\$87,419
Total GF/non-GF	\$330,374	\$0	\$93,026	\$1,249,999
Program Total:	\$330,374		\$1,343,025	
Program FTE	2.15	0.00	0.40	4.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$1,249,999
Total Revenue	\$0	\$0	\$0	\$1,249,999

Explanation of Revenues

Federal ACT Teen Preg Prevention: \$ 1,249,999

Significant Program Changes

Last Year this program was: FY 2019: 40025-19 Adolescent Sexual Health Equity Program (ASHEP)

Department: Health Department **Program Contact:** Tasha Wheatt-Delancy
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

La Clinica de Buena Salud (The Good Health Clinic), provides comprehensive, culturally appropriate primary care, enabling, and behavioral health services to the under and uninsured residents of the NE Portland, Cully Neighborhood and is part of the County's FQHC. La Clinica was strategically placed, in partnership with the local community, to provide culturally competent care and vital services to a population that otherwise may not have access to medical care. The clinic provides care to approximately 2,100 patients that identify La Clinica de Buena Salud Health Center as their medical home.

Program Summary

La Clinica provides culturally appropriate services, and Patient Centered Primary Care Home (PCPCH) services, preventive health and enabling services such as transportation, translation, case management and health education which address the needs of the whole person. La Clinica health and social services team includes: primary, preventive and urgent health care, behavioral health services, case management and resource referral. Although La Clinica was initially intended to primarily serve the Latino community, the program has expanded and responded to the area's changing demographics which include culturally-specific services for Somali immigrants and refugees, and Russian speaking families in the Cully neighborhood and beyond. La Clinica is the County's anchor health care program for homeless children and families. The program initiates consultation and coordination efforts with other providers to build cultural competency among other service providers and lead efforts to solve community problems.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Number of patients with a La Clinica assigned PCP	2,064	2,000	2,200	2,100
Outcome	% Adolescent Well Visits Completed	60%	51%	55%	51%

Performance Measures Descriptions

Outcome: Number of patients with a La Clinica assigned PCP seen within the last 12 months.
Outcome: % Adolescent Well Visits Completed

Legal / Contractual Obligation

La Clinica complies with the Bureau of Primary Health Care (BPHC) grant, the state Reproductive Health grant, Joint Commission Accreditation requirements, CLIA (Laboratory accreditation) requirements and CCO contractual obligations. La Clinica meets all Federally Qualified Health Center (FQHC) designated requirements.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$794,480	\$1,080,664	\$509,937	\$1,488,438
Contractual Services	\$0	\$39,254	\$0	\$142,844
Materials & Supplies	\$13,664	\$102,231	\$28,185	\$99,051
Internal Services	\$265,184	\$284,604	\$196,873	\$313,835
Total GF/non-GF	\$1,073,328	\$1,506,753	\$734,995	\$2,044,168
Program Total:	\$2,580,081		\$2,779,163	
Program FTE	3.40	10.00	3.20	10.40

Program Revenues				
Intergovernmental	\$0	\$800,776	\$0	\$779,097
Service Charges	\$1,065,180	\$705,977	\$712,373	\$1,265,071
Total Revenue	\$1,065,180	\$1,506,753	\$712,373	\$2,044,168

Explanation of Revenues

La Clinica de Buena Salud is supported by the federal BPHC grant, the state Reproductive Health Program grant, state funds for Maternal & Child Health Services through the inter-governmental agreement between Multnomah County as the Local Public Health Authority (LPHA), Medicaid/Medicare and other medical fees, and county general fund. County General Fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants and to serve uninsured patients.

Medical Fees: \$ 1,977,444

Federal Primary Care/Homeless grant: \$ 779,098

Significant Program Changes

Last Year this program was: FY 2019: 40026-19 La Clinica de Buena Salud

This clinic is part of the State's Alternative Payment Methodology "APM" pilot (paid PM/PM fee to manage care of OHP patients). Beginning 07/01/2019 OHA will discontinue PM/PM payments for those clients who have not had a visit or "CareStep" (engagement with a non-billable provider such as a Community Health Worker) at the clinic in a 24 month period.

La Clinica de Buena Salud staffing was increased by 0.20 FTE.

Department: Health Department **Program Contact:** Tasha Wheatt-Delancy
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted

Related Programs:
Program Characteristics:
Executive Summary

The Southeast Health Center provides comprehensive, culturally appropriate primary care and enabling services to vulnerable citizens who might not otherwise have access to health care and is part of the County's Federally Qualified Health Center (FQHC). Poverty, limited access to primary care services, limited English proficiency, lack of health insurance and homelessness are a few of the many barriers faced by Southeast's diverse residents. Currently around 23% of the Health Department's clients live in Southeast Portland, 12% are homeless or at risk for homelessness.

Program Summary

The Southeast Primary Care clinic is located in the Southeast Health Center (SE 34th/Powell). The clinic provides comprehensive, culturally appropriate services which include treatment of acute and chronic illnesses, behavioral health, family planning, prenatal and preventive services (well child, immunizations) primary care and enabling services and is intended to serve as a Patient Centered Primary Care Home (PCPCH) for residents of Southeast Portland. This includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services and collaboration with community partners. Ancillary support services are operationally integrated and include pharmacy and lab. Enabling services include Medicaid eligibility screening, medical interpretation, transportation, case management and health education. Southeast Health Clinic staff provide coordination services weekly at St. Francis Dining Hall. The clinic provides a medical home to approximately 3,000 patients.

MCHD Physical Therapy Clinic (PTC) will be housed at the Southeast Health Center and will serve existing MCHD clients with physical therapy care. The PTC will be staffed by one physical therapist and one physical therapy assistant. Physical Therapy services are the largest referral type processed by referrals coordinators, and supports the unmet need for this type of service among MCHD clients. Additionally, the PTC will serve an unmet need for physical therapy care for self-pay clients who have very limited access to this type of speciality care.

MCHD Immediate Care Clinic (ICC) will also be housed within the Southeast Health Center and will serve clients who have an immediate medical need or are looking for convenient access to medical care services. The MCHD ICC will be conveniently co-located with pharmacy and dental, who will also be expanding to offer same day dental emergency access. The MCHD ICC will serve existing MCHD clients, as well as the community at large, providing both immediate and full scope primary health care. The ICC will be staffed by two providers, a nurse, clinical support staff, lab, eligibility and enrollment services. Clients who are not existing MCHD clients will be offered OHP and other coverage enrollment assistance and also a primary care medical home within MCHD Health Centers. The clinic will serve all client ages and offer appointments outside normal business hours. The clinic will also offer urgent procedures including joint injections, contraceptive device placement, IV hydration therapy as well as other minor office procedures.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Number of patients with a Southeast Health Center assigned PCP	2,905	3,500	2,905	2,500
Outcome	% Adolescent Well Visits Completed	43.7%	51%	43.7%	45.0%

Performance Measures Descriptions

Outcome: Number of patients with a SEHC assigned PCP seen within the last 12 months.
 Outcome: % Adolescent Well Visits Completed

Legal / Contractual Obligation

The SEHC complies with the Bureau of Primary Health Care (BPHC) grant, the state Reproductive Health grant, Joint Commission Accreditation requirements, CLIA (Laboratory accreditation) requirements and CCO contractual obligations. SEHC meets all Federally Qualified Health Center (FQHC) designated requirements.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$1,309,684	\$2,022,528	\$571,827	\$1,975,597
Contractual Services	\$0	\$59,029	\$13,613	\$77,038
Materials & Supplies	\$37,460	\$139,799	\$84,956	\$184,769
Internal Services	\$366,170	\$735,131	\$300,398	\$621,381
Total GF/non-GF	\$1,713,314	\$2,956,487	\$970,794	\$2,858,785
Program Total:	\$4,669,801		\$3,829,579	
Program FTE	7.30	18.90	2.80	14.50

Program Revenues				
Intergovernmental	\$0	\$1,391,635	\$0	\$1,230,067
Service Charges	\$1,702,133	\$1,564,852	\$945,696	\$1,628,718
Total Revenue	\$1,702,133	\$2,956,487	\$945,696	\$2,858,785

Explanation of Revenues

Southeast Health Clinic is supported by the federal BPHC grant, the state Reproductive Health Program grant, state funds for Maternal & Child Health Services through the inter-governmental agreement between Multnomah County as the Local Public Health Authority (LPHA), Medicaid/Medicare and other medical fees, and county general fund.

Medical Fees: \$ 2,574,414
 Federal Primary Care (330) grant: \$ 166,500
 Federal Primary Care/Homeless grant: \$ 1,063,567

Significant Program Changes

Last Year this program was: FY 2019: 40027-19 Southeast Health Clinic

This clinic is part of the State's Alternative Payment Methodology "APM" pilot (paid PM/PM fee to manage care of OHP patients). Beginning 07/01/2019 OHA will discontinue PM/PM payments for those clients who have not had a visit or "CareStep" (engagement with a non-billable provider such as a Community Health Worker) at the clinic in a 24 month period.

Southeast Health Clinic staffing was reduced by 8.90 FTE.

Propose to add a Physical Therapy Clinic and Immediate Care Clinic to Southeast Health Center's services.

Department: Health Department **Program Contact:** Tasha Wheatt-Delancy
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Rockwood Community Health Center (RCHC) provides comprehensive primary care, enabling and behavioral health services to the vulnerable and under-served residents in the East County Rockwood community and is part of the County's Federally Qualified Health Center (FQHC). Rockwood clinic was strategically placed to provide culturally appropriate care to a population that may otherwise not have access to medical care. The clinic provides care to approximately 5000 patients that identify Rockwood Health Center as their medical home.

Program Summary

Rockwood Community Health Center primary care services are designed to be a Patient Centered Primary Care Home (PCPCH). This includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services and collaboration with community partners. Culturally competent primary care services are provided which include, treatment of acute and chronic illnesses, behavioral health, family planning, prenatal and preventive services (well child, immunizations). Ancillary support services are operationally integrated and include pharmacy and lab. Enabling services include Medicaid eligibility screening, medical interpretation, transportation, case management and health education.

Rockwood Community Health Center plays a significant role in providing safety net medical services to residents in the community.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Number of patients with a Rockwood assigned PCP	5,182	5,800	5,000	5,400
Outcome	% Adolescent Well Visits Completed	53.6%	51%	51%	51%

Performance Measures Descriptions

Outcome: Number of patients with a Rockwood assigned PCP seen within the last 12 months.
Outcome: % Adolescent Well Visits Completed

Legal / Contractual Obligation

The Rockwood Community Health Center complies with the Bureau of Primary Health Care (BPHC) grant, the state Reproductive Health grant, Joint Commission Accreditation requirements, CLIA (Laboratory accreditation) requirements and CCO contractual obligations. RCHC meets all Federally Qualified Health Center (FQHC) designated requirements.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$2,534,215	\$1,813,726	\$2,335,917	\$1,795,117
Contractual Services	\$0	\$186,099	\$175,485	\$0
Materials & Supplies	\$95,546	\$134,962	\$125,970	\$81,586
Internal Services	\$643,179	\$610,364	\$315,763	\$984,868
Total GF/non-GF	\$3,272,940	\$2,745,151	\$2,953,135	\$2,861,571
Program Total:	\$6,018,091		\$5,814,706	
Program FTE	16.40	18.00	13.15	16.25

Program Revenues				
Intergovernmental	\$0	\$774,768	\$0	\$735,668
Service Charges	\$3,263,139	\$1,970,383	\$2,934,440	\$2,125,903
Total Revenue	\$3,263,139	\$2,745,151	\$2,934,440	\$2,861,571

Explanation of Revenues

Rockwood Community Health Center is supported by the federal BPHC grant, the state Reproductive Health Program grant, state funds for Maternal & Child Health Services through the inter-governmental agreement between Multnomah County as the Local Public Health Authority (LPHA), Medicaid/Medicare and other medical fees, and county general fund. County General Fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants and to serve uninsured patients.

Medical Fees: \$ 5,060,343

Federal Primary Care (330) grant: \$ 735,668

Significant Program Changes

Last Year this program was: FY 2019: 40029-19 Rockwood Community Health Clinic

This clinic is part of the State's Alternative Payment Methodology "APM" pilot (paid PM/PM fee to manage care of OHP patients). Beginning 07/01/2019 OHA will discontinue PM/PM payments for those clients who have not had a visit or "CareStep" (engagement with a non-billable provider such as a Community Health Worker) at the clinic in a 24 month period.

Rockwood Community Health Clinic staffing was reduced by 5.00 FTE.

Department: Health Department **Program Contact:** Vanetta Abdellatif
Program Offer Type: Support **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Clinical Directors ensure that MDs, NPs, PAs, RNs, and LPNs have the necessary training, skills and knowledge to practice competently; patient care adheres to all pertaining regulations; clinical quality improvement (QI) initiatives are effective and appropriate for the communities we serve; and patient care is safe, cost effective and based on proven best practices.

Program Summary

Medical Directors Office:

1. Oversees initiatives to improve quality, safety, cost effectiveness, and access; develops and implements patient care guidelines, policies, procedures.
2. Recruits, hires, credentials and monitors provider performance; oversees medical educational programs.
3. Sets and monitors provider and nursing productivity goals.
4. Investigates and remedies untoward clinical incidents and errors.
5. Ensures that patient care meets all rules, regulations and standards set forth by regulatory agencies, contractors, grantors and accrediting agencies.
6. Ensures that administrative practices are consistent with quality patient care.
7. Directors are accountable for legal conformance, quality and safety of patient care, need-based and scientifically justified service design, and efficient use of public funds.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	80% (or more) of providers are maintaining and serving their maximum panel size.	75%	80%	79%	80%
Outcome	Maintain compliance with regulatory and licensing standards/boards.	100%	100%	100%	100%
Quality	Maintain compliance with regulatory and licensing standards/boards.	100%	100.0%	100%	100%

Performance Measures Descriptions

Output reflects a focus on improving value and good patient outcomes as opposed to face to face visits as a part of an APM (Alternative Payment Methodology) pilot where there is a focus on increased value in care delivery. This pilot incentivizes whole person care.

Legal / Contractual Obligation

Oregon State Board of Nurses, Oregon State Medical Board, Medicaid and Medicare rules and regulations, Joint Commission on Accreditation of Healthcare Organizations, stipulations of multiple federal and state grants, and CCO contractual obligations.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$794,360	\$58,182	\$904,350	\$78,439
Contractual Services	\$91,000	\$142,040	\$87,000	\$0
Materials & Supplies	\$146,383	\$8,356	\$83,560	\$58
Internal Services	\$171,363	\$13,462	\$217,735	\$9,091
Total GF/non-GF	\$1,203,106	\$222,040	\$1,292,645	\$87,588
Program Total:	\$1,425,146		\$1,380,233	
Program FTE	2.50	0.50	2.48	0.32

Program Revenues				
Intergovernmental	\$0	\$222,040	\$0	\$87,588
Other / Miscellaneous	\$200,000	\$0	\$180,000	\$0
Beginning Working Capital	\$0	\$0	\$100,000	\$0
Service Charges	\$900,000	\$0	\$880,000	\$0
Total Revenue	\$1,100,000	\$222,040	\$1,160,000	\$87,588

Explanation of Revenues

Medical Directors (Physician, Nurse Practitioner and Nursing) is funded with county general fund and BPHC/HRSA grant revenue.

State Family Planning: \$ 87,588

Patients Fees: \$ 1,160,000

Significant Program Changes

Last Year this program was: FY 2019: 40030-19 Medical Directors (Physician, Nurse Practitioner and Nursing)

Department: Health Department **Program Contact:** Ritchie Longoria
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Pharmacy provides essential clinical support to health delivery and emergency preparedness programs in the Health Department. The pharmacy program fills approximately 350,000 prescriptions per year. Targeted clinical pharmacy services are provided to clients referred from MCHD Primary Care.

Program Summary

Pharmacy Services utilize various contracts to procure medications that have been prescribed for clients, including uninsured and under-served clients.

Services are provided to a significant number of clients who may lack secure housing, have mental health concerns, or addiction issues. Pharmacy Services provide prescription medication to clients of public health programs such as the HIV/STD/Adolescent Sexual Health Equity and Communicable Disease Services; as well as to youth seen in the Student Health Centers.

The program bills third-party insurance for covered clients, assists uninsured clients in obtaining low-cost/free drugs from manufacturers, and provides consultation and education regarding medications to clinic patients and staff. No client is denied service due to inability to pay the service fee or copay at the time of service.

Pharmacy Services provides essential support to the health delivery and emergency preparedness programs within the Health Department; and assists in the treatment and monitoring of clients receiving health care in Health Department facilities and programs. Prescription service for the uninsured; public health programs; and Student Health Center clients comprise a significant portion of the total work of the program.

Clinical pharmacists are engaged at primary care sites, working closely with the patient's provider and care team to improve medication adherence and management of their drug regimen. Clinical pharmacists provide improved care coordination with the reconciliation of client medications following hospital admission.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Prescription Volume	380,055	370,000	380,000	380,000
Outcome	Average prescription cost (excluding cost of medication)	24.18	27.62	24.33	25.35
Quality	Adherence Monitoring	130	130	168	175

Performance Measures Descriptions

1. Prescription volume (prescriptions filled) reflects the number of actual prescriptions being filled.
2. Average prescription cost reflects prescription department expenses less drug cost divided by the number of prescriptions filled. (Includes non-dispensing related expenses - training, non-dispensing staff).
3. Adherence Monitoring reflects the number of clients enrolled in appointment based refill programs or who receive specialized packaging services to assist in the proper use of their medication.

Legal / Contractual Obligation

Various grants require the provision of pharmacy services. State mandated public health services are provided.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$0	\$7,725,473	\$0	\$8,356,218
Contractual Services	\$0	\$167,990	\$0	\$228,116
Materials & Supplies	\$0	\$10,493,551	\$0	\$13,749,774
Internal Services	\$0	\$1,892,909	\$0	\$3,342,087
Capital Outlay	\$0	\$450,000	\$0	\$400,000
Total GF/non-GF	\$0	\$20,729,923	\$0	\$26,076,195
Program Total:	\$20,729,923		\$26,076,195	
Program FTE	0.00	52.83	0.00	54.13

Program Revenues				
Service Charges	\$0	\$20,729,923	\$0	\$26,076,195
Total Revenue	\$0	\$20,729,923	\$0	\$26,076,195

Explanation of Revenues

Pharmacy is funded exclusively through prescription fees (third party reimbursements) and directly paid patient fees.

Prescription Fees: \$ 25,812,643

Patient Fees: \$ 263,552

Significant Program Changes

Last Year this program was: FY 2019: 40031-19 Pharmacy

Increased expense for the purchase of drugs for dispensing.

Legal / Contractual Obligation

Federal and state mandates require maintenance of medical/dental records. HIPAA and state confidentiality and privacy laws require adherence to standards. Various grants require provisions for laboratory services. The Electronic Health Record (EHR) and Practice Management contractual obligations will be as per the contractual agreement between Multnomah County Health Department (MCHD) and OCHIN. Multnomah County Health Department is the client receiving services from OCHIN in this agreement.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$2,726,518	\$1,239,362	\$2,891,188	\$2,330,087
Contractual Services	\$1,000	\$68,000	\$6,000	\$48,200
Materials & Supplies	\$55,786	\$73,356	\$61,229	\$168,547
Internal Services	\$834,079	\$304,286	\$742,029	\$438,795
Capital Outlay	\$0	\$120,000	\$0	\$300,000
Total GF/non-GF	\$3,617,383	\$1,805,004	\$3,700,446	\$3,285,629
Program Total:	\$5,422,387		\$6,986,075	
Program FTE	24.21	11.99	23.75	21.65

Program Revenues				
Intergovernmental	\$0	\$270,782	\$0	\$270,130
Other / Miscellaneous	\$2,320,000	\$0	\$2,050,000	\$0
Beginning Working Capital	\$0	\$0	\$309,533	\$0
Service Charges	\$1,050,000	\$1,534,222	\$1,010,000	\$3,015,499
Total Revenue	\$3,370,000	\$1,805,004	\$3,369,533	\$3,285,629

Explanation of Revenues

Revenue generated from laboratory services are included in the medical visit revenue shown in the health clinics. General fund is used to pay for services to the uninsured clients served by the Health Department, as well as to deliver mandated public health services.

Medical Fees: \$ 6,385,032

Federal Primary Care (330) Grant: \$ 270,129

Significant Program Changes

Last Year this program was: FY 2019: 40032-19 Lab and Medical Records

Department: Health Department **Program Contact:** Tasha Wheatt-Delancy
Program Offer Type: Support **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Health Center Operations (HCO) Program (formerly Primary Care and Dental Access and Referral-PCARD) is the gateway for all new patients assigned and/or seeking to establish care with Multnomah County Health Department's (MCHD) Primary Care and Dental programs, and for patients already established with our Primary Care program. HCO also provides written translation, oral and sign language interpretation throughout the department's programs and services. HCO is also proposing to add a Virtual Provider Clinic to provide virtual care to patients in addition to existing on-site services.

Program Summary

HCO's Patient Access Center (PAC) is the point of entry for scheduling new and established clients for the Primary Care clinics. HCO also schedules new and established dental clients seeking both urgent and routine dental services. HCO provides appointments and referrals in collaboration with County and other community organizations, ensuring consistent patient information and tracking. HCO also provides information for MCHD medical, dental, social services and key community service partners.

HCO's Language Services program provides interpretation in over 70 languages including sign language for all MCHD services and programs, and for established patients who access specialty care in the community. Comprehensive coordination of written translation for clinical and non-clinical programs and services is also provided. Language Services is the central coordinator for thousands of patient/client interpretation requests and translations each year for multiple programs/services. This critical service ensures that patients and clients successfully move through the Department's Refugee and Screening Program, and facilitates those clients with limited English proficiency receive culturally competent interpretation throughout all of the MCHD programs.

The proposed Multnomah County Virtual Provider Clinic will serve clients at the immediate point of need- as patients call with a medical concern requesting an appointment. The Virtual Provider Clinic will be staffed by two nurse practitioners, located at the Primary Access Center (PAC). Provider schedules will include same-day virtual access limited to specific appointment types that are appropriate for a virtual visit. Clients contacting PAC requesting an appointment with an immediate need can be offered a virtual appointment with a Virtual Clinic provider. The goal is to reduce the number of clients who walk into clinics for their immediate needs, or seek urgent or ED care for concerns that can be appropriately addressed in the primary care setting. Language services will be available by phone for visit translation.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Number of calls answered	395,279	300,000	333,010	350,000
Outcome	Average telephone abandonment is at or below 10%	12%	12%	12%	11%

Performance Measures Descriptions

Output: Number of calls answered by PAC staff during the fiscal year

Outcome: Number of calls through the Patient Access Center phone queue where the client ended the call before being answered by a staff member

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$2,029,792	\$584,906	\$1,930,578	\$823,290
Contractual Services	\$105,000	\$0	\$92,000	\$0
Materials & Supplies	\$12,032	\$0	\$8,301	\$1,000
Internal Services	\$856,450	\$73,756	\$718,885	\$95,419
Total GF/non-GF	\$3,003,274	\$658,662	\$2,749,764	\$919,709
Program Total:	\$3,661,936		\$3,669,473	
Program FTE	21.05	7.45	20.45	8.15

Program Revenues				
Intergovernmental	\$0	\$658,662	\$0	\$611,959
Other / Miscellaneous	\$890,000	\$0	\$640,001	\$0
Beginning Working Capital	\$0	\$0	\$100,000	\$0
Service Charges	\$1,809,184	\$0	\$1,439,000	\$307,750
Total Revenue	\$2,699,184	\$658,662	\$2,179,001	\$919,709

Explanation of Revenues

Health Center Operations (HCO) Program is funded with Medicaid revenue, HRSA/Bureau of Primary Care grant revenue and county general fund.

Medical Fees: \$ 2,486,750
 Federal Primary Care (330) grant: \$ 611,960

Significant Program Changes

Last Year this program was: FY 2019: 40033-19 Primary Care and Dental Access and Referral

Added a proposed Virtual Provider Clinic.

Department: Health Department **Program Contact:** Dawn Shatzel
Program Offer Type: Support **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

The Clinical Infrastructure (Quality and Support) Program provides pivotal oversight by managing the Bureau of Primary Health Care (BPHC) grant, developing and implementing fiscal accountability programs and access to health care, initiating and sustaining clinical and administrative quality and safety activities and improvements, and coordinating adherence to health care standards and regulations (accreditation by The Joint Commission and associated Centers for Medicaid and Medicare).

Program Summary

This program supports services within the project scope of the BPHC grant, which supports the mission of increasing access to needed health services to the County's most vulnerable. BPHC funding requires strict adherence to federal laws mandating which services must be provided as a Federally Qualified Health Center (FQHC) which results in additional Medicaid revenue for Oregon Health Plan clients. This funding requires quality services, performance audits, and responsiveness to new methods of delivering safe and quality care. Infrastructure and support assure that these efforts are maintained at acceptable thresholds. Maintaining FQHC accreditation assures that the County's primary care, dental, and pharmacy programs are eligible to continue receiving reimbursement for services. In addition, this also allows County providers to participate in loan forgiveness, qualifies the County for additional Alternative Payment Methodology reimbursements ("wrap funding"), and 340B drug program participation.

This program measures clinical standards/outcomes, quality, safety and fiscal accountability with other similar health delivery systems. The BPHC and TJC are our primary external benchmarking organizations relative to performance indicators. The program works with the Community Health Council (consumer majority governing Board) and integrates client feedback results and collaborations with other health care delivery systems. This program supports Person Centered Primary Care Health Home programs and represents an opportunity for new healthcare funding based on performance and outcomes. These programs, implemented to meet goals CCO's Pay-for-(quality) Performance, have payments tied to achieving specific health outcomes or state metrics for quality. The Quality Assurance program is tasked with testing, data collection, and reporting, designing and implementing the wide array of system improvements needed to meet these new benchmarks.

Quality project management staff manage the Coalition of Community Health Clinics (CCHC) contract. CCHC is comprised of community-based clinics uniquely able to respond to changing demographics and offer culturally appropriate care while fulfilling their mission of improving and providing health care to the county's most vulnerable populations. Coalition clinics provide free or low-cost health care to uninsured people. The County extends Federal Tort Claims coverage, licensing and credentialing to the volunteer providers at the Coalition of Community Health Clinics' (CCHC).

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	% of CCHC clinics that pass annual ICS Quality Department audit.	100%	new measure	100%	100%
Outcome	Maintain compliance with BPHC and JCAHO standards.	100%	100%	100%	100%
Outcome	BPHC grant renewed annually	100%	100%	100%	100%

Performance Measures Descriptions

1) Changed previous measure (Number of hours, includes licensed health care volunteers who work at CCHC clinic sites) New Measure, 100% of CCHC clinics pass annual ICS Quality audit; 2) Good standing as a fully accredited organization under the Joint Commission's standards for health organizations 3) Maintenance of FQHC grantee by meeting all federal rules/requirements; evaluated annually through the grant continuation application process.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$4,768,601	\$1,409,247	\$4,871,465	\$1,407,442
Contractual Services	\$81,000	\$6,000	\$242,173	\$142,040
Materials & Supplies	\$208,671	\$19,784	\$186,337	\$3,611
Internal Services	\$1,090,197	\$480,346	\$1,293,714	\$163,122
Total GF/non-GF	\$6,148,469	\$1,915,377	\$6,593,689	\$1,716,215
Program Total:	\$8,063,846		\$8,309,904	
Program FTE	40.37	12.93	36.60	12.20

Program Revenues				
Intergovernmental	\$0	\$1,525,377	\$0	\$1,716,215
Other / Miscellaneous	\$3,182,519	\$240,000	\$3,280,000	\$0
Beginning Working Capital	\$0	\$0	\$600,000	\$0
Service Charges	\$1,956,061	\$150,000	\$1,946,000	\$0
Total Revenue	\$5,138,580	\$1,915,377	\$5,826,000	\$1,716,215

Explanation of Revenues

Quality Assurance and Quality Improvement activities are funded with HRSA grant revenue, quality incentive payments and County General Fund. Program leadership are working with CCO's to develop sustainable funding for quality assurance, data reporting work.

Medical Fees: \$ 5,826,000
 Federal Primary Care (330) grant: \$ 1,716,216

Significant Program Changes

Last Year this program was: FY 2019: 40034-19 Quality Assurance

ICS Administration, Operations, and Quality Assurance staffing was reduced by 2.50 FTE.

Department: Health Department **Program Contact:** Linda Niksich
Program Offer Type: Support **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

The Community Health Council (CHC) is the federally mandated consumer-majority governing board that oversees the County's Health Centers (also known as a public entity Federally Qualified Health Center-FQHC). The CHC's members' community involvement allows Multnomah County to meet HRSA's 19 mandatory program requirements, including oversight of quality assurance, health center policies, patient satisfaction, health center executive director (ICS Director) accountability for the FQHC's compliance and operations.

Program Summary

The Community Health Council must have a minimum of 51% MCHD health center consumer membership to meet federally mandated program requirements for FQHCs. The Community Health Council works closely with the community health centers executive director (ICS Director) and the Board of County Commissioners to provide guidance and direction on programs and policies affecting patients of Multnomah County's Community Health Center (FQHC services).

The CHC has a critical role in assuring access to health care for our most vulnerable residents; it serves as the co-applicant board required by HRSA's Bureau of Primary Health Care to provide oversight of policies and programs within the scope of the Primary Care Grant. At minimum, 51% of Council Members are county residents who use the Health Department's FQHC clinical services. The Council is currently comprised of 12 members and is a fair representation of the communities served by Health Department's Health Center services.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Meet monthly, as required by Bureau of Primary Care, FQHC requirements to perform board responsibilities	12	12	12	12
Outcome	Percentage of consumers involved	71%	51%	84%	51%

Performance Measures Descriptions

- 1) Minimum monthly board meetings as required by BPHC/HRSA to meet board governing responsibilities.
- 2) Consumer majority of 51% or more.

Legal / Contractual Obligation

The Community Health Council is federally mandated by the Bureau of Primary Health Care.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$125,537	\$0	\$136,224	\$0
Contractual Services	\$104,670	\$0	\$104,670	\$0
Materials & Supplies	\$5,436	\$0	\$5,450	\$0
Internal Services	\$16,993	\$0	\$17,104	\$0
Total GF/non-GF	\$252,636	\$0	\$263,448	\$0
Program Total:	\$252,636		\$263,448	
Program FTE	1.20	0.00	1.20	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2019: 40036-19 Community Health Council and Civic Governance

Department: Health Department **Program Contact:** Jae Douglas
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40006, 40053, 40060
Program Characteristics:

Executive Summary

Environmental Health Community Programs impact a wide range of well-documented, upstream, and emerging environmental health issues. Program areas include community environments, toxics reduction, and climate change with an explicit focus on environmental justice and vulnerable populations and address health inequities in lead poisoning, respiratory illness, and cardiovascular disease. Activities include monitoring and assessing environments, policies, and health; providing technical assistance and data expertise; reporting; communication; and direct services.

Program Summary

Environmental Health Community Programs bring together a continuum of services to ensure all county residents have access to optimal living conditions in their homes and neighborhoods. With an environmental justice framework, the programs focus first on the highest risk communities facing the least access to political and social power such as youth, elders, low-income communities, and communities of color. These communities are engaged so that their concerns, expertise, and proposed solutions can be integrated into the activities of the following program areas.

Community Environments: This program area works closely with the Public Health Division REACH program to ensure that all neighborhoods are safe and healthy. Focuses include housing, nutritious foods, safe parks and playgrounds, safe streets, and equitable public transportation to ensure access to jobs, schools, services, recreation, and child care. Example activities include participation in technical committees to support local and regional planning efforts such as Metro's Regional Transportation Plan; analysis of pedestrian fatalities within the City of Portland; and supporting community groups to understand environmental risks through online maps and technical assistance.

Toxics Reduction: This program area identifies risks of exposure to contaminated land, air, water, consumer goods, and industrial production, and makes technical information accessible to the public. Staff work with vulnerable individuals and families to identify and reduce exposure to lead through home inspections and case management; and, within communities, respond to both well-documented and emerging environmental hazards. Major focuses have been lead in water at Portland Public Schools, and heavy metals from art glass manufacturers. Activities include partnering with local, state, and federal agencies to share and analyze local exposure risk data and empowering communities to advocate on their own behalf.

Climate Change: This program area works to understand upstream and emerging health issues; protect the public's health from the impacts of climate change; advance climate justice; and maximize health benefits of climate mitigation and resilience actions. Staff track key indicators such as extreme heat-related illnesses, hypothermia, and harmful algal blooms.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Number of Community Members receiving information on environmental threats	36,942	52,000	49,000	42,000
Outcome	Number of children with reduced EBLL as a result of environmental investigations	22	35	29	29
Outcome	Number of health-based policy recommendations made that are adopted	24	30	13	15

Performance Measures Descriptions

1) Includes all program areas (phone counseling, referral, educational materials, website & events). 2) HUD and EPA best-practice measure of effectiveness. 3) Includes review of state and local plans & legislation, participation in technical committees & responses to requests for technical & policy support from partners.

Legal / Contractual Obligation

Legal mandates are City of Portland codes 8.20.210 (Maintenance of Health Hazard not Permitted); 8.20.200 (Notice of Unsanitary or Unhealthful Condition of Premises to be Given and Posted – Unlawful to Remove); 29.30.110 (Interior Walls, Floors, and Ceilings); 29.30.060 (Exterior Walls and Exposed Surfaces); and 21.800 (Multnomah County Housing Code) Some activities under this program offer are subject to contractual obligations under Inter-Governmental Agreement #0607105.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$61,985	\$234,186	\$282,917	\$275,113
Contractual Services	\$9,820	\$97,580	\$3,820	\$51,298
Materials & Supplies	\$26,323	\$16,765	\$8,682	\$20,523
Internal Services	\$57,406	\$62,969	\$27,434	\$81,066
Total GF/non-GF	\$155,534	\$411,500	\$322,853	\$428,000
Program Total:	\$567,034		\$750,853	
Program FTE	0.62	2.05	2.68	2.00

Program Revenues				
Intergovernmental	\$0	\$239,000	\$0	\$255,500
Service Charges	\$0	\$172,500	\$0	\$172,500
Total Revenue	\$0	\$411,500	\$0	\$428,000

Explanation of Revenues

- \$ 213,000 - The City of Portland
- \$ 10,000 - State Lead Program
- \$ 172,500 - Fish Advisory Outreach funding
- \$ 32,500 - State Maternal Child Health Perinatal fund

Significant Program Changes

Last Year this program was: FY 2019: 40037-19 Environmental Health Community Programs

MCHD Environmental Health has two partial positions that will charge to the Department of County Assets (DCA) Burnside Bridge project in FY 2020 for work on a health impact assessment. DCA has included \$99,220 in their FY20 budget for this work.

Legal / Contractual Obligation

Three collective bargaining agreements; federal, state, county and department regulations covering classification and compensation, disciplinary action, Affirmative Action, Equal Opportunity, Americans with Disabilities Act, equity, recruitment and vacancies, training, process improvement, vacation and work schedules.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$2,925,913	\$0	\$3,222,745	\$0
Contractual Services	\$84,243	\$0	\$22,952	\$0
Materials & Supplies	\$90,930	\$0	\$57,330	\$0
Internal Services	\$419,432	\$0	\$527,576	\$0
Total GF/non-GF	\$3,520,518	\$0	\$3,830,603	\$0
Program Total:	\$3,520,518		\$3,830,603	
Program FTE	22.75	0.00	23.75	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2019: 40039-19 Human Resources and Training

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$3,132,027	\$0	\$2,956,409	\$0
Contractual Services	\$0	\$0	\$4,732	\$0
Materials & Supplies	\$47,411	\$0	\$49,888	\$86
Internal Services	\$258,423	\$0	\$250,953	\$249,914
Total GF/non-GF	\$3,437,861	\$0	\$3,261,982	\$250,000
Program Total:	\$3,437,861		\$3,511,982	
Program FTE	26.80	0.00	22.80	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$250,000
Total Revenue	\$0	\$0	\$0	\$250,000

Explanation of Revenues

Behavioral Health Managed Care fund: \$ 250,000

Significant Program Changes

Last Year this program was: FY 2019: 40040-19 Budget & Finance

The new Workday system is changing the way business functions are performed. The Business Operations division is still evaluating and understanding what staffing changes will be required to optimize Workday.

Legal / Contractual Obligation

These positions support the Health Department's efforts to stay compliant with a variety of County, State, and Federal financial and contracting regulations.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$0	\$0	\$430,376	\$0
Total GF/non-GF	\$0	\$0	\$430,376	\$0
Program Total:	\$0		\$430,376	
Program FTE	0.00	0.00	4.00	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was:

The new Workday system is changing the way business functions are performed. The Business Operations division is still evaluating and understanding what staffing changes will be required to optimize Workday.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$1,630,560	\$0	\$1,835,430	\$0
Contractual Services	\$10,400	\$0	\$13,504	\$0
Materials & Supplies	\$215,590	\$0	\$48,451	\$0
Internal Services	\$188,691	\$0	\$251,480	\$0
Total GF/non-GF	\$2,045,241	\$0	\$2,148,865	\$0
Program Total:	\$2,045,241		\$2,148,865	
Program FTE	15.00	0.00	14.90	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2019: 40041-19 Medical Accounts Receivable

Legal / Contractual Obligation

ORS279A, 279B, 279C; County procedures Con-1 and Pur-1.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$1,496,347	\$0	\$1,464,194	\$0
Contractual Services	\$0	\$0	\$4,127	\$0
Materials & Supplies	\$33,467	\$0	\$29,414	\$0
Internal Services	\$146,622	\$0	\$266,739	\$0
Total GF/non-GF	\$1,676,436	\$0	\$1,764,474	\$0
Program Total:	\$1,676,436		\$1,764,474	
Program FTE	13.50	0.00	12.50	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues**Significant Program Changes**

Last Year this program was: FY 2019: 40042-19 Contracts & Procurement

The new Workday system is changing the way business functions are performed. The Business Operations division is still evaluating and understanding what staffing changes will be required to optimize Workday.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$1,823,543	\$0	\$2,273,953	\$0
Contractual Services	\$65,080	\$0	\$38,759	\$0
Materials & Supplies	\$103,040	\$0	\$109,863	\$0
Internal Services	\$3,072,458	\$0	\$2,577,104	\$0
Total GF/non-GF	\$5,064,121	\$0	\$4,999,679	\$0
Program Total:	\$5,064,121		\$4,999,679	
Program FTE	12.80	0.00	13.80	0.00

Program Revenues				
Other / Miscellaneous	\$10,751,502	\$0	\$10,183,269	\$0
Total Revenue	\$10,751,502	\$0	\$10,183,269	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2019: 40043-19 Health Department Operations

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$417,014	\$0	\$285,566	\$0
Contractual Services	\$0	\$0	\$60	\$0
Materials & Supplies	\$1,879,158	\$0	\$1,647,642	\$0
Internal Services	\$29,865	\$0	\$71,039	\$0
Total GF/non-GF	\$2,326,037	\$0	\$2,004,307	\$0
Program Total:	\$2,326,037		\$2,004,307	
Program FTE	3.00	0.00	2.00	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2019: 40044-19 Health Clinical Data and Reporting

Department: Health Department **Program Contact:** Dr. Frank Franklin
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40096
Program Characteristics:

Executive Summary

Community Epidemiology Services (CES), within the Office of the Director, addresses the foundational capability of Assessment and Epidemiology. In support of data-driven planning, policy, and decision-making, CES identifies the magnitude of disease, disorder, and injury burden among community populations to guide decisions made by public health leaders, policy makers, clinicians, and community members. CES collaborates with partners to identify the determinants of health and disease, characterize the impact of public health interventions, and assess the status of health equity.

Program Summary

Community Epidemiology Services (CES) addresses the foundational capability of Assessment and Epidemiology, and supports other foundational capabilities. CES fulfills a unique and required governmental public health role by collecting and analyzing programmatic, population health, and environmental data to prevent disease, and promote and protect health of County residents. CES includes Program Design and Evaluation Services (PDES), a unit shared between PHD and the Oregon Health Authority. PDES provides program and policy evaluation support to PHD, State public health, and other agencies, conducts applied public health research on key emerging issues, and collaborates with partners to improve community health, shape public policy, and reduce health inequities. CES functions include:

- 1) Coordinated public health data and epidemiologic analysis: identifies appropriate analytical approaches, assures the use of high quality data for analysis, and provide technical, scientific oversight and leadership for research and assessment work in the PHD. CES provides support in quantitative and qualitative methods, guidance in the areas of traditional epidemiological analysis, social epidemiology, and equity-focused and trauma-informed methods in research and evaluation, and data management. CES works closely with the Communicable Disease Services program to provide outbreak response through data analysis support, statistical modeling, and standardized investigative guidelines.
- 2) Informing program and policy: CES provides, analyzes, and reports on population and health system data to support program development, strategic planning, resource allocation, decision-making, and community priorities (including community-based participatory research). CES provides public health practice recommendations to PHD leadership based on needs identified from local data and evidence-based and promising practices identified through literature review. CES serves a key role in evaluating whether programs and policies are effective by collaborating with PHD programs and partners. Examples include PHD chronic disease and violence prevention programs, Pacific Islander Community Coalition, Health Share, and other local health departments.
- 3) Disseminating analytic findings: CES shares findings through public health data reports, peer-reviewed scientific manuscripts, policy briefs, web-based reports, and presentations to County and State leadership, programs, and community partners. Examples include the County Maternal Child and Family Health Data Book, Report Card on Racial and Ethnic Disparities, data briefs on emerging policy issues, and leading causes of death and disability presentations to the Board of Health.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Number of data-related community collaborations that involve all partners and combine data with action.	14	15	14	13
Outcome	Number of reports monitoring health status through surveillance, assessment, & community engagement.	17	18	14	12

Performance Measures Descriptions

Legal / Contractual Obligation

Oregon Revised Statutes (ORS) 431.416 Local Public Health Authority duties:

- (a) Epidemiology and control of preventable diseases and disorders
- (b) Parent and child health services
- (c) Collection and reporting of health statistics
- (d) Health information and referral services
- (e) Environmental health services

Program Design and Evaluation Services (PDES) is primarily grant funded, and program continuation is required by grant.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$1,028,619	\$998,052	\$1,072,382	\$1,172,922
Contractual Services	\$99,195	\$285,000	\$18,350	\$301,524
Materials & Supplies	\$99,032	\$39,140	\$78,819	\$35,213
Internal Services	\$102,921	\$125,854	\$138,481	\$134,810
Total GF/non-GF	\$1,329,767	\$1,448,046	\$1,308,032	\$1,644,469
Program Total:	\$2,777,813		\$2,952,501	
Program FTE	6.10	6.48	5.69	7.07

Program Revenues				
Intergovernmental	\$0	\$1,448,046	\$0	\$1,644,469
Total Revenue	\$0	\$1,448,046	\$0	\$1,644,469

Explanation of Revenues

State Local Public Health Authority IGA: \$ 792,945
State Of Alaska: \$ 579,000
State Office of Multicultural Health: \$ 155,000
AK Chronic Retainer: \$ 61,000
Public Health Modernization: \$ 56,524

Significant Program Changes

Last Year this program was: FY 2019: 40048A-19 Community Epidemiology

Department: Health Department **Program Contact:** Michael Seale
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Providing health care to detained youth is the responsibility of Corrections Health. Corrections Health personnel care for 80 detained youth at any one time (+3,500 per year) from Multnomah, Washington and Clackamas counties who are brought in from the streets, other jurisdictions and other community holding facilities. Detainees include females and males who need their health issues addressed in a timely manner in order to prevent emergencies, pain and suffering which is the constitutional measure of quality care. Stabilizing their health allows them to participate fully in their legal processes.

Program Summary

This offer ensures that the health program meets the standards that ensure access to care, safeguards the health of all those who are in detention, and controls the legal risk to the County. JDH health professionals work 16 hours/day, seven days a week providing care for 80 youth daily in 7 individual housing units from three counties. Care ranges from minor ailments to major chronic and emotional diseases resulting from substance abuse, trauma, lack of health care, lack of knowledge of hygiene and self care, frequent infections and a high rate of medical and mental illness.

In partnership with the Department of Community Justice custody staff, Corrections Health identifies and responds to medical emergencies and also screens for communicable diseases to keep outbreaks to a minimum, to provide care efficiently and effectively, as well as to protect the community. Coordination with other Oregon counties is facilitated so that continuity of care occurs when youths transfer to other jurisdictions.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	# of client visits conducted by a CH nurse per year	2,734	2,500	2,800	2,800
Outcome	% of detained youth receiving mental health medications monthly	44%	40%	45%	45%

Performance Measures Descriptions

Measure 1: Tracking the number of visits per year helps to assess client access to care and resource utilization.
 Measure 2: Tracking percentage of youth receiving psychotropic medications allows for monitoring of needs at the JDH facility.

Legal / Contractual Obligation

Necessary health care for incarcerated individuals is a right because they do not have the freedom to obtain care on their own. Appropriate access to care and timely evaluation by a health professional is mandated by the 4th, 8th and 14th amendments. When serious health needs are not adequately addressed by professionals, that deliberate indifference to medical needs may bring harm to individuals entrusted to our care and increase liability for the County. Corrections Health is bound by ethical standards to provide unbiased care to all individuals based on community standards of care.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$689,936	\$0	\$1,007,599	\$0
Materials & Supplies	\$51,747	\$0	\$47,763	\$0
Internal Services	\$151,505	\$0	\$243,299	\$0
Total GF/non-GF	\$893,188	\$0	\$1,298,661	\$0
Program Total:	\$893,188		\$1,298,661	
Program FTE	4.10	0.00	5.10	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

As a result of current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for all services from Medicare, Medicaid and OHP. These rules and laws are under review nationally to determine if additional revenue sources can be made available to jails. Youth in the Alcohol and Drug Treatment Program have Oregon Health Plan (OHP) coverage so some of their clinic appointments with a physician and medications are billed to the Oregon Health Plan.

Significant Program Changes

Last Year this program was: FY 2019: 40049-19 Corrections Health Juvenile Detention

Department: Health Department **Program Contact:** Michael Seale
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Corrections Health, Multnomah County Detention Center houses 448 adults and is composed of booking, 4th floor special housing, mental health housing and three floors of discipline and evaluation housing. Approximately 100 US Marshall (USM) detainees are housed in the system daily. Over 36,000 individuals are cared for each year with over 50% having serious unstable and chronic health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal, and major mental/behavioral illnesses.

Program Summary

Providing health care to all detained individuals is the responsibility of Corrections Health. From first entering into the jail through booking until release or transfer to another jail, prison or USM service, trained and skilled Corrections Health personnel provide screening, illness identification, evaluation and treatment through a system of policies and procedures that reflect the standard of care in the community and are equivalent to other correctional facilities across the country.

This offer represents Corrections Health MCDC basic administration, support, booking and mental health care delivery programs. MCDC averages 80+ newly booked individuals each day. Nurses (24 hours/7 days a week) evaluate each detainee to identify critical health issues and make plans for scheduled care for stabilization. Screening includes obtaining health history for both acute and chronic disease, including mental health care, substance abuse, communicable disease evaluation and current prescriptions. As a result of those evaluations, treatments, medications, provider appointments, mental health referrals and housing decisions are made. In addition, Corrections Health nursing staff assess individuals brought to the jail before being accepted into custody--that assessment ensures that serious medical and/or mental health issues (trauma, drug ingestion, pregnancy complications, serious wounds and infections) are appropriately addressed in a hospital setting before booking. In addition, significant resources are utilized to perform case management of the USM detainees, including coordination of specialist services, screening for communicable diseases and coordinating transfer of care to other facilities. An additional history and physical examination is performed on all individuals incarcerated for 14 days. Additionally, staff assess and treat acute and chronic medical, dental and mental health issues as appropriate during each individual's incarceration. Suicide and self harm symptom identification is an essential mental health function. The mental health team is composed of a psychiatrist, PMHNPs, mental health consultants and mental health nurses for evaluation, monitoring and treatment for the many mentally ill clients booked into jail. One third of all medications prescribed are for mental health conditions.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Average # of Reception Screening ("EPF"=Entry Progress Form") completed in a month	1,847	1,900	1,837	1,900
Outcome	% of + screenings resulting in a referral to the mental health team per year	30%	30%	32%	30%

Performance Measures Descriptions

Measure 1: Captures monthly intake screenings for incoming detainees--the measure does not correlate with the static jail population and more accurately reflects incoming patient volume.

Measure 2: Captures initial interview information and how many clients are referred for mental health care.

Legal / Contractual Obligation

Necessary health care for incarcerated individuals is a right because they do not have the freedom to obtain care on their own. Appropriate access to care and timely evaluation by a health professional is mandated by the 4th, 8th and 14th amendments. When serious health needs are not adequately addressed by professionals, that deliberate indifference to medical needs may bring harm to individuals entrusted to our care and increase liability for the County. Corrections Health is bound by ethical standards to provide unbiased care to all individuals based on community standards of care.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$2,700,133	\$0	\$2,828,622	\$0
Contractual Services	\$105,000	\$0	\$110,642	\$0
Materials & Supplies	\$332,800	\$0	\$360,392	\$0
Internal Services	\$74,421	\$0	\$177,621	\$0
Total GF/non-GF	\$3,212,354	\$0	\$3,477,277	\$0
Program Total:	\$3,212,354		\$3,477,277	
Program FTE	21.00	0.00	21.10	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

As a result of the current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from Medicare, and Medicaid. These rules and laws are under review nationally to determine if additional revenue sources can be made available to jails. A co-pay system is in place that charges the inmate accounts nominal fees only for detainee-requested medical and dental provider evaluations. No fees are charged for mental health requests or mental health provider evaluations. Provider-ordered treatments, screenings, diagnostic tests and communicable diseases tests are performed at no charge. Necessary clinical care is provided regardless of the detainee's ability to pay.

Significant Program Changes

Last Year this program was: FY 2019: 40050A-19 Corrections Health Multnomah County Detention Center (MCDC)

Department: Health Department **Program Contact:** Michael Seale

Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted

Related Programs:
Program Characteristics:
Executive Summary

Corrections Health Multnomah County Detention Center houses 448 adults and is composed of booking, 4th floor special housing, mental health housing and three floors of discipline and classification housing. Approximately 100 USM detainees are housed in the system daily. Over 36,000 individuals are cared for each year with over 50% having serious unstable and chronic health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and major mental/behavioral illnesses.

Program Summary

Providing health care to detained individuals is the responsibility of Corrections Health. From first entering the jail through booking until release or transfer to another jail, prison or USM service, trained and skilled Corrections Health personnel provide effective screening, illness identification, evaluation and treatment through a system of policies and procedures that reflect the standard of care in the community, and are equivalent to other correctional facilities across the country.

This offer represents the MCDC 4th floor which is composed of 46 beds, two general and two mental health clinic rooms, one dental operator, X-ray and lab services as well as 10 mental health and 10 general medical skilled care beds, plus four housing areas for high level discipline inmates. The 4th floor also contains a nursing station, administrative areas and a medication/supplies room. Services such as skilled nursing, IV therapy, post surgical and terminal care are provided in the jail instead of a high cost hospital. The 4th floor is staffed 24/7 with nursing personnel to provide needed care and emergency medical response. This health care is delivered effectively through providing the right care in the right setting.

The fourth floor housing unit 4D is acute mental health. There are 10 beds in that unit. Both medical and mental health services are provided to these chronically ill clients. Mental health is managed by a team of mental health nurses, consultants and providers. A mental health supervisor and mental health consultants (including a lead) provide support for forensic diversion and other programs, testify in court when appropriate and participate in multidisciplinary team processes to ensure the most appropriate and least restrictive housing is utilized, and that efforts to divert detainees from jail are expedited.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Avg # inmate nursing assessments monthly	1,212	1,300	1,050	1,200
Outcome	Avg active and constant suicide watches per month to prevent inmate injury or death.	120	100	130	130

Performance Measures Descriptions

Measure 1: Reflects care delivered on all floors in MCDC and includes both medical and mental health requests.

Measure 2: Tracking both "ACTIVE" and "CONSTANT" suicide watches, captures management of detainees felt to be at risk, better reflecting resource needs.

Legal / Contractual Obligation

Necessary health care for incarcerated individuals is a right because they do not have the freedom to obtain care on their own. Appropriate access to care and timely evaluation by a health professional is mandated by the 4th, 8th and 14th amendments. When serious health needs are not adequately addressed by professionals, that deliberate indifference to medical needs may bring harm to individuals entrusted to our care and increase liability for the County. Corrections Health is bound by ethical standards to provide unbiased care to all individuals based on community standards of care.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$1,535,919	\$0	\$1,828,603	\$0
Contractual Services	\$319,321	\$0	\$323,000	\$0
Materials & Supplies	\$386,508	\$0	\$544,685	\$0
Internal Services	\$375,665	\$0	\$398,592	\$0
Total GF/non-GF	\$2,617,413	\$0	\$3,094,880	\$0
Program Total:	\$2,617,413		\$3,094,880	
Program FTE	10.30	0.00	10.50	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

As a result of the current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from Medicare, and Medicaid. These rules and laws are under review nationally to determine if additional revenue sources can be made available to jails. A co-pay system is in place that charges the inmate accounts nominal fees only for detainee-requested medical and dental provider evaluations. No fees are charged for mental health requests or mental health provider evaluations. Provider-ordered treatments, screenings, diagnostic tests and communicable diseases tests are performed at no charge. Necessary clinical care is provided regardless of the detainee's ability to pay.

Significant Program Changes

Last Year this program was: FY 2019: 40050B-19 Corrections Health MCDC Clinical Services and 4th Floor Housing

Department: Health Department **Program Contact:** Michael Seale
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Corrections Health Multnomah County Detention Center houses 448 adults and is composed of booking, 4th floor special housing, mental health housing and three floors of discipline and evaluation housing. Over 36,000 individuals are cared for each year with over 50% having serious unstable and chronic health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and major mental/behavioral illnesses.

Program Summary

Providing health care to detained individuals is the responsibility of Corrections Health. From first entering the jail through booking until release or transfer to another jail, prison or USM service, trained and skilled Corrections Health personnel provide effective screening, illness identification, evaluation and treatment through a system of policies and procedures that reflect the standard of care in the community and are accredited by the National Commission on Correctional Health Care.

This offer represents the health services to all four housing floors at MCDC. Approximately 400 detainees are housed in classification (new jail housing), female, male, close custody and mental health housing modules. Ninety-six rooms are designated for those with mental health diagnosis and cared for by a team of mental health nurses, consultants and providers for diagnosis and treatment. Early identification, evaluation and treatment provide safety for clients, especially for suicide prevention. A variety of treatments, such as managing alcohol and drug withdrawal, evaluating chronic diseases, preventing the spread of communicable diseases, medication management and emergency response are provided efficiently by 24/7 staff. This health care is delivered effectively through providing the right care in the right setting.

Expansion of the use of Medication Assisted Treatment using buprenorphine has allowed for more effective, efficient and humane management of withdrawal from opiates. Per protocols, buprenorphine is provided to all opiate-involved pregnant women, detainees with documented use of buprenorphine in a community program and detainees undergoing severe opiate withdrawal.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Avg # inmate nursing assessments monthly	1,212	1,300	1,050	1,200
Outcome	Avg of total number of active and constant suicide watches per month to prevent inmate injury or death	120	90	130	130

Performance Measures Descriptions

Measure 1: Reflects care delivered on all floors at MCDC and includes both medical and mental health requests.
 Measure 2: Tracking both "ACTIVE" and "CONSTANT" suicide watches, captures management of detainees felt to be at risk, better reflecting resource needs.

Legal / Contractual Obligation

Necessary health care for incarcerated individuals is a right because they do not have the freedom to obtain care on their own. Appropriate access to care and timely evaluation by a health professional is mandated by the 4th, 8th and 14th amendments. When serious health needs are not adequately addressed by professionals, that deliberate indifference to medical needs may bring harm to individuals entrusted to our care and increase liability for the County. Corrections Health is bound by ethical standards to provide unbiased care to all individuals based on community standards of care.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$2,313,610	\$0	\$2,724,908	\$0
Contractual Services	\$224,321	\$0	\$235,000	\$0
Materials & Supplies	\$0	\$0	\$3,030	\$0
Internal Services	\$254,894	\$0	\$265,729	\$0
Total GF/non-GF	\$2,792,825	\$0	\$3,228,667	\$0
Program Total:	\$2,792,825		\$3,228,667	
Program FTE	17.85	0.00	17.45	0.00

Program Revenues				
Service Charges	\$40,000	\$0	\$40,000	\$0
Total Revenue	\$40,000	\$0	\$40,000	\$0

Explanation of Revenues

As a result of the current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from Medicare, and Medicaid. These rules and laws are under review nationally to determine if additional revenue sources can be made available to jails. A co-pay system is in place that charges the inmate accounts nominal fees only for detainee-requested medical and dental provider evaluations. No fees are charged for mental health requests or mental health provider evaluations. Provider-ordered treatments, screenings, diagnostic tests and communicable diseases tests are performed at no charge. Necessary clinical care is provided regardless of the detainee's ability to pay.

Significant Program Changes

Last Year this program was: FY 2019: 40050C-19 Corrections Health MCDC Housing Floors 5, 6, 7 & 8

Department: Health Department **Program Contact:** Michael Seale
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

This program offer will allow Corrections Health to continue to serve incarcerated individuals at the jails current capacity. The cost of outside medical services, provided by local hospitals and emergencies rooms, has exceeded the budget for those services for many years. This program offer will bring the budget for outside medical services in line with actual costs.

Program Summary

Corrections Health has an ongoing serious challenge regarding the increasing cost of provision of outside specialty services while ensuring that constitutional and accreditation requirements as well as community standards of care are met. Professional Services costs include specialist evaluations, specialty testing (MRIs, CT Scans, etc.), laboratory tests, x-ray interpretation services, as well as ambulance and Emergency Room costs. As health care costs rise nationally, so do the costs incurred by Corrections Health to provide essential health care services.

In order to address rising Professional Services costs in Corrections Health and also ensure the provision of appropriate client care, the Health Department is employing a variety of efforts in the FY20 budget designed to minimize the impact of the rising cost of health care, including ongoing and regular discussions with Corrections Health Partners for utilization management and review, on-site physical therapy services, on-site portable radiology services, addition of on-site portable ultrasound services, additional eligibility specialist support to help to insure that all detainees have available insurance and that claims are billed elsewhere whenever possible and additional transition planner support to facilitate continuity of care and community follow-up so as to potentially reduce recidivism.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Number of clients enrolled in Oregon Health Plan	n/a	n/a	n/a	1,200
Outcome	Percentage of outside claim eligibility reviews performed by Corrections Health	n/a	n/a	n/a	100%

Performance Measures Descriptions

Number of clients enrolled in Oregon Health Plan is a new measure and the estimate of 1,200 is for both MCDC and IJ combined. This will be an increase of 400 over the previous year. Oregon Health Plan enrollment and review of all medical claims is a two part strategy for lowering the cost to the County for outside medical care.

Legal / Contractual Obligation

Necessary health care for incarcerated individuals is a right because they do not have the freedom to obtain care on their own. Appropriate access to care and timely evaluation by a health professional is mandated by the 4th, 8th and 14th amendments. When serious health needs are not adequately addressed by professionals, that deliberate indifference to medical needs may bring harm to individuals entrusted to our care and increase liability for the County. Corrections Health is bound by ethical standards to provide unbiased care to all individuals based on community standards of care.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$0	\$0	\$0	\$0
Contractual Services	\$0	\$0	\$750,000	\$0
Total GF/non-GF	\$0	\$0	\$750,000	\$0
Program Total:	\$0		\$750,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

As a result of the current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from Medicare, and Medicaid. These rules and laws are under review nationally to determine if additional revenue sources can be made available to jails. A co-pay system is in place that charges the inmate accounts nominal fees only for detainee-requested medical and dental provider evaluations. No fees are charged for mental health requests or mental health provider evaluations. Provider-ordered treatments, screenings, diagnostic tests and communicable diseases tests are performed at no charge. Necessary clinical care is provided regardless of the detainee's ability to pay.

Significant Program Changes

Last Year this program was:

Department: Health Department **Program Contact:** Michael Seale
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Corrections Health Multnomah County Inverness Jail houses 860 men, women, inmate workers for inside and outside work crews, sentenced individuals and those awaiting trial who are being medically stabilized with treatment. Approximately 100 USM detainees are housed in the system daily. Over 36,000 individuals are cared for each year with over 50% having health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and mental illnesses.

Program Summary

MCIJ health personnel care for all those detainees transferred from MDCDC to continue or begin treatment until disposition of their legal process is complete. Sentenced and non-sentenced detainees have a plan of care in place to maintain treatment of their health conditions.

Trained, skilled professional staff provide effective screening, illness identification, evaluation and effective targeted treatment through a system of policies and procedures that reflect the standard of care in the community and equivalent to other correctional facilities across the country. This offer represents MCIJ base and clinical services which includes administrative, support, diagnostic and clinical services. Three general provider rooms, one dental operator, one mental health and one triage/treatment room are available for office visits for clients. Triage nurses evaluate client care requests and refer to nurses, the mental health team, providers or dentists for care according to the medical need. Support services include X-ray and lab services. This area also supports the nursing station, medication room, central records room and administrative offices for various personnel. By providing 24/7 skilled health care on site for this vulnerable, underserved population, the high cost of outside medical care is minimized. MCIJ is also the center (HUB) for the state inmate transport system. An average of 20-100 inmates stay overnight and receive health care.

Mental health services are also provided to inmates at MCIJ. Inmates typically are more stable in this jail which allows for mental health groups to occur several times per week. In addition to groups, individual sessions and medication management occurs.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Avg # inmate nursing assessments monthly	1,529	1,600	1,850	1,800
Outcome	# of 14-day Health Assessments completed monthly	218	230	251	250

Performance Measures Descriptions

Measure 1: Reflects care delivered in the entire facility and includes both medical and mental health requests.

Measure 2: Based on NCCHC accreditation requirements, we are tracking 14-day history and physical assessments.

Legal / Contractual Obligation

Necessary health care for incarcerated individuals is a right because they do not have the freedom to obtain care on their own. Appropriate access to care and timely evaluation by a health professional is mandated by the 4th, 8th and 14th amendments. When serious health needs are not adequately addressed by professionals, that deliberate indifference to medical needs may bring harm to individuals entrusted to our care and increase liability for the County. Corrections Health is bound by ethical standards to provide unbiased care to all individuals based on community standards of care.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$2,165,226	\$0	\$2,296,695	\$0
Contractual Services	\$200,000	\$0	\$206,167	\$0
Materials & Supplies	\$548,744	\$0	\$581,773	\$0
Internal Services	\$441,790	\$0	\$396,807	\$0
Total GF/non-GF	\$3,355,760	\$0	\$3,481,442	\$0
Program Total:	\$3,355,760		\$3,481,442	
Program FTE	20.40	0.00	20.60	0.00

Program Revenues				
Service Charges	\$45,000	\$0	\$45,000	\$0
Total Revenue	\$45,000	\$0	\$45,000	\$0

Explanation of Revenues

As a result of the current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from Medicare, and Medicaid. These rules and laws are under review nationally to determine if additional revenue sources can be made available to jails. A co-pay system is in place that charges the inmate accounts nominal fees only for detainee-requested medical and dental provider evaluations. No fees are charged for mental health requests or mental health provider evaluations. Provider-ordered treatments, screenings, diagnostic tests and communicable diseases tests are performed at no charge. Necessary clinical care is provided regardless of the detainee's ability to pay.

Significant Program Changes

Last Year this program was: FY 2019: 40051A-19 Corrections Health Inverness Jail (MCIJ) Clinical Services

Department: Health Department **Program Contact:** Michael Seale
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Corrections Health Multnomah County Inverness Jail houses 860 men, women, inmate workers for inside and outside work crews, sentenced individuals and those awaiting trial who are being medically stabilized with treatment. Approximately 100 USM detainees are housed in the system daily. Over 36,000 individuals are cared for each year with over 50% having health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and mental illnesses.

Program Summary

Trained, skilled professional staff working 24/7 provide effective screening, illness identification, evaluation and effective targeted treatment through a system of policies and procedures that reflect the standard of care in the community and is equivalent to other correctional facilities across the country.

This offer represents a variety of health, mental health, and dental services to 430 men and women in the open Dorms at MCIJ. Diverse staff work 24/7 to provide evaluation, treatment, referral, medication management, emergency response, communicable disease identification and suicide prevention. Inside and outside inmate workers are monitored by Corrections Health for the ability to work, evaluation of injuries and medication management when out of the facility. Chronic disease monitoring is key to preventing hospitalizations for clients with diabetes, hypertension, seizures, heart disease and infections. Special orthopedic and OB/GYN clinics operate on-site. In partnership with custody staff, Corrections Health responds to emergencies and screens for communicable diseases. This health care is delivered effectively through providing the right care in the right settings.

Mental health services are also provided to inmates at MCIJ. Inmates are more stable in this jail which allows for mental health groups to occur several times per week. In addition to groups, individual sessions and medication management occur.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Avg # inmate nursing assessments monthly	1,529	1,600	1,850	1,800
Outcome	# of 14-day Health Assessments completed monthly	218	230	251	250

Performance Measures Descriptions

Measure 1: Reflects care delivered in the entire facility and includes both medical and mental health requests.

Measure 2: Based on NCCHC accreditation requirements, we are tracking 14 day history and physical assessments.

Legal / Contractual Obligation

Necessary health care for incarcerated individuals is a right because they do not have the freedom to obtain care on their own. Appropriate access to care and timely evaluation by a health professional is mandated by the 4th, 8th and 14th amendments. When serious health needs are not adequately addressed by professionals, that deliberate indifference to medical needs may bring harm to individuals entrusted to our care and increase liability for the County. Corrections Health is bound by ethical standards to provide unbiased care to all individuals based on community standards of care.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$1,358,772	\$0	\$1,620,383	\$0
Contractual Services	\$224,321	\$0	\$231,238	\$0
Materials & Supplies	\$95,066	\$0	\$89,536	\$0
Internal Services	\$133,318	\$0	\$125,307	\$0
Total GF/non-GF	\$1,811,477	\$0	\$2,066,464	\$0
Program Total:	\$1,811,477		\$2,066,464	
Program FTE	6.50	0.00	7.70	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

As a result of the current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from Medicare, and Medicaid. These rules and laws are under review nationally to determine if additional revenue sources can be made available to jails. A co-pay system is in place that charges the inmate accounts nominal fees only for detainee-requested medical and dental provider evaluations. No fees are charged for mental health requests or mental health provider evaluations. Provider-ordered treatments, screenings, diagnostic tests and communicable diseases tests are performed at no charge. Necessary clinical care is provided regardless of the detainee's ability to pay.

Significant Program Changes

Last Year this program was: FY 2019: 40051B-19 Corrections Health MCIJ General Housing Dorms 4 - 11

Department: Health Department **Program Contact:** Michael Seale
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Corrections Health Multnomah County Inverness Jail houses 860 men, women, inmate workers for inside and outside work crews, sentenced individuals and those awaiting trial who are being medically stabilized with treatment. Approximately 100 USM detainees are housed in the system daily. Over 36,000 individuals are cared for each year with over 50% having health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and mental illnesses.

Program Summary

Trained, skilled professional staff working 24/7 provide effective screening, illness identification, evaluation and effective targeted treatment through a system of policies and procedures that reflect the standard of care in the community and equal to other correctional facilities across the country.

Corrections Health provides a variety of health, mental health and dental services to 430 men and women in dorms 12-18 at MCIJ. Diverse staff work 24/7 to provide evaluation, treatment, referral, medication management, emergency response, communicable disease identification and suicide prevention. A 10 bed medical unit provides skilled nursing and protective isolation in house, and utilization of the unit prevents a stay in a hospital at a much greater cost. Chronic disease monitoring is key to prevent hospitalizations for our clients with diabetes, hypertension, seizures, heart disease and infections. Special OB/GYN and orthopedic clinics operate on-site. In partnership with custody staff, Corrections Health responds to emergencies and screens for communicable disease. This health care is delivered effectively through providing the right care in the right setting.

Mental health services are also provided to inmates at MCIJ. Inmates are more stable in this jail which allows for mental health groups to occur several times per week. In addition to groups, individual sessions and medication management occur.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Avg # inmate nursing assessments monthly	1,529	1,600	1,850	1,800
Outcome	# of 14-day Health Assessments completed monthly	218	230	251	250

Performance Measures Descriptions

Measure 1: Reflects care delivered in the entire facility and includes both medical and mental health requests.
 Measure 2: Based on NCCHC accreditation requirements, we are tracking 14 day history and physical assessments.

Legal / Contractual Obligation

Necessary health care for incarcerated individuals is a right because they do not have the freedom to obtain care on their own. Appropriate access to care and timely evaluation by a health professional is mandated by the 4th, 8th and 14th amendments. When serious health needs are not adequately addressed by professionals, that deliberate indifference to medical needs may bring harm to individuals entrusted to our care and increase liability for the County. Corrections Health is bound by ethical standards to provide unbiased care to all individuals based on community standards of care.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$1,322,556	\$0	\$1,484,374	\$0
Contractual Services	\$224,321	\$0	\$231,238	\$0
Total GF/non-GF	\$1,546,877	\$0	\$1,715,612	\$0
Program Total:	\$1,546,877		\$1,715,612	
Program FTE	8.30	0.00	9.30	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

As a result of the current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from Medicare, and Medicaid. These rules and laws are under review nationally to determine if additional revenue sources can be made available to jails. A co-pay system is in place that charges the inmate accounts nominal fees only for detainee-requested medical and dental provider evaluations. No fees are charged for mental health requests or mental health provider evaluations. Provider-ordered treatments, screenings, diagnostic tests and communicable diseases tests are performed at no charge. Necessary clinical care is provided regardless of the detainee's ability to pay.

Significant Program Changes

Last Year this program was: FY 2019: 40051C-19 Corrections Health MCIJ Dorms 12 - 18 and Infirmary

Legal / Contractual Obligation

Necessary health care for incarcerated individuals is a right because they do not have the freedom to obtain care on their own. Appropriate access to care and timely evaluation by a health professional is mandated by the 4th, 8th and 14th amendments. When serious health needs are not adequately addressed by professionals, that deliberate indifference to medical needs may bring harm to individuals entrusted to our care and increase liability for the County. Corrections Health is bound by ethical standards to provide unbiased care to all individuals based on community standards of care.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$0	\$0	\$0	\$0
Contractual Services	\$0	\$0	\$750,000	\$0
Total GF/non-GF	\$0	\$0	\$750,000	\$0
Program Total:	\$0		\$750,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

As a result of the current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from Medicare, and Medicaid. These rules and laws are under review nationally to determine if additional revenue sources can be made available to jails. A co-pay system is in place that charges the inmate accounts nominal fees only for detainee-requested medical and dental provider evaluations. No fees are charged for mental health requests or mental health provider evaluations. Provider-ordered treatments, screenings, diagnostic tests and communicable diseases tests are performed at no charge. Necessary clinical care is provided regardless of the detainee's ability to pay.

Significant Program Changes

Last Year this program was:

Legal / Contractual Obligation

ORS 146 specifies responsibilities and authorities for the Office (i.e. deaths requiring investigation; responsibility for investigation; notification of death; removal of body; authority to enter and secure premises; notification of next of kin; authority to order removal of body fluids; autopsies; disposition of personal property; unidentified human remains). ORS 146 also establishes a hybrid state/county program structure which limits the county's authority over operations, procedures, and technical functions.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$1,238,736	\$0	\$1,365,433	\$0
Contractual Services	\$17,010	\$0	\$16,727	\$0
Materials & Supplies	\$83,906	\$0	\$87,894	\$0
Internal Services	\$130,607	\$0	\$134,113	\$0
Total GF/non-GF	\$1,470,259	\$0	\$1,604,167	\$0
Program Total:	\$1,470,259		\$1,604,167	
Program FTE	11.00	0.00	11.00	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2019: 40052A-19 Medical Examiner

The MC Medical Examiner's Office (MCMEO) has experienced an increase in budget costs related to collective bargaining, which increased staff salaries by 6% and increased both shift and relief shift differentials. The MCMEO currently employs a staff of 7 full-time Deputy Med. Examiners (aka, Death Investigators) and 1 Chief Deputy Med. Examiner to cover an ORS-required 24/7/365 operation. The MCMEO is physically co-located with the Clackamas County and Oregon ME Offices in an Oregon State Police facility in Clackamas County. In 2018, the MCMEO investigated 2,313 deaths. With the addition of a 7th investigator this year, the MCMEO has increased the number of scene responses to cases that were previously phone reviews (1,162 cases). Currently, the MCMEO has 2 scene vehicles for scene response. Due to the increased number of investigations, the MCMEO will purchase a 3rd vehicle to increase scene response times.

Department: Health Department **Program Contact:** Tameka Brazile
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40006, 40060, 40037
Program Characteristics:

Executive Summary

Racial and Ethnic Approaches to Community Health (REACH) aims to end racial/ethnic health disparities within the Black/African American communities by ensuring opportunities to realize optimal health potential. REACH programming values a culture first approach, relying on community wisdom to implement culturally tailored interventions that addresses root causes of health inequities to address preventable risk behaviors through communications, policy, systems, and environmental change strategies in partnership with community.

Program Summary

Racial and Ethnic Approaches to Community Health (REACH) uses culturally-specific and cross-cultural approaches that combines the voice of community-identified priorities and Centers for Disease Control and Prevention (CDC)-funded communication, policy, system, and environmental change strategies focused on reducing chronic disease in local African American/Black communities, including African immigrants and refugees. The Public Health Division received a new round of REACH funding in FY19 that builds upon the partnerships and strategies developed during the previous cycle of REACH funding (2014-2018). REACH will continue to be a central component to the Health Department's commitment to equity by addressing the ways that societal conditions, built environment, and systems and policies create health disparities among racial and ethnic populations. This work entails developing and maintaining authentic partnerships with culturally-specific community based organizations, clients, faith-based organizations, civic organizations, and local governments to enact approaches and policies to decrease health inequities.

REACH's culturally-tailored programming addresses preventable risk behaviors (i.e., tobacco use, poor nutrition, and physical inactivity) to improve health, prevent chronic disease, and reduce health disparities among racial and ethnic populations with the highest risk/burden of chronic disease (i.e. hypertension, heart disease, Type 2 diabetes, and obesity). In FY20, there are three main REACH program areas focused on local Black/African American communities: nutrition, physical activity, and community-clinical linkages. Nutrition programming will increase the number of places within the County offering healthy food; increase access to healthier foods; and increase continuity of care/community support for implementing breastfeeding. Physical activity programming will increase the number of places that improve community design by connecting safe and accessible places for physical activity; and increase the number people with safe and accessible places for physical activity. Community-clinical linkage programming will increase the use of appropriate and locally available health and community programs, including increasing access and referrals to these resources; expanding the use of health professionals, such as community health workers; and improve quality of service delivery and experience of care. Together, these three program areas work to improve the overall health of neighborhoods throughout Multnomah County.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	# of policy, systems and environment strategies implemented	NA	NA	10	15
Outcome	# of settings implementing policy, systems and environment strategies	NA	NA	7	10
Outcome	# of Black/African Americans reached through policy, systems and environment changes	NA	NA	700	1,000

Performance Measures Descriptions

These measures are new to reflect the new round of REACH funding.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$886,281	\$92,648	\$406,908	\$316,088
Contractual Services	\$200,000	\$67,500	\$5,000	\$381,227
Materials & Supplies	\$61,291	\$14,538	\$4,596	\$43,907
Internal Services	\$106,446	\$11,683	\$47,599	\$50,778
Total GF/non-GF	\$1,254,018	\$186,369	\$464,103	\$792,000
Program Total:	\$1,440,387		\$1,256,103	
Program FTE	6.80	0.75	3.10	2.40

Program Revenues				
Intergovernmental	\$0	\$186,369	\$0	\$792,000
Total Revenue	\$0	\$186,369	\$0	\$792,000

Explanation of Revenues

CDC REACH Grant: \$ 792,000

Significant Program Changes

Last Year this program was: FY 2019: 40053-19 Racial and Ethnic Approaches to Community Health

In FY19, this program offer included Community Powered Change (CPC)/Community Health Improvement Plan (CHIP) and all health equity staff. These programs remain core components of the Public Health Division and were moved to 40096: Public Health Office of the Director in FY20 as part of department and program offer reorganization. REACH saw an increase in Federal Grant revenue that will result in increased program capacity (FTE and scope/level of services).

Legal / Contractual Obligation

Nurse Family Partnership (NFP) complies with contractual program guidelines set forth by the NFP National Service Office to assure fidelity to the model. Federal Uniform Grant Guidelines, LPHA State/Federal Program Requirements, FQHC Rulebook OAR 410- 147-0595, MCM OAR 410-130-0595, TCM OAR 410-138-0000 through 410-138-0420, Title V/Maternal Child Health. Targeted Case Management requires matching local funds.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$425,563	\$1,302,398	\$273,775	\$1,358,468
Contractual Services	\$555,743	\$0	\$661,704	\$0
Materials & Supplies	\$69,580	\$10,960	\$64,521	\$0
Internal Services	\$282,873	\$164,232	\$0	\$157,446
Total GF/non-GF	\$1,333,759	\$1,477,590	\$1,000,000	\$1,515,914
Program Total:	\$2,811,349		\$2,515,914	
Program FTE	2.78	8.42	1.77	8.34

Program Revenues				
Intergovernmental	\$0	\$92,120	\$0	\$88,802
Service Charges	\$0	\$1,385,470	\$0	\$1,427,112
Total Revenue	\$0	\$1,477,590	\$0	\$1,515,914

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2019: 40054-19 Nurse Family Partnership

Department: Health Department **Program Contact:** LaRisha Baker
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40054, 40056, 40058, 40097
Program Characteristics:

Executive Summary

This program includes Healthy Homes Asthma Home Visiting and community-based early childhood health consulting. Using nurse and community health worker home visiting models, these services support vulnerable families with children who have health conditions, by providing health assessments in the home, conducting care coordination, providing technical assistance for providers who service children for special healthcare needs, building a family's capacity to work with health/social services systems, reducing environmental toxins, and building culturally congruent health care.

Program Summary

Research shows the conditions of early life have a profound impact on long-term health and life stability. Home and community based services support families with children who have a chronic health condition and/or are identified as high-risk in community settings through three program areas.

The Healthy Homes Asthma Home Visiting Program addresses health inequities by improving the livability of the home environment. A bilingual, multi-disciplinary team provides in-home asthma nursing and environmental case management to reduce environmental triggers and improve health outcomes, quality of life, and housing conditions. Staff provide home-based environmental and nursing assessment/interventions for high-risk children with asthma; consult with medical providers/ pharmacists; partner with landlords and tenants to improve housing conditions; coordinate asthma care with school/day-care; provide supplies to reduce or eliminate asthma triggers; and advocate for safe, healthy, stable, and affordable housing.

Early childhood health consulting is provided through community health nurses and community health workers. These services are provided by both staff and community contracts to support families enrolled in the Mt Hood Head Start program, Oregon Child Development Coalition, Multnomah Early Childhood Program, and Albina Head Start.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Number of families receiving an environmental home inspection	16	NA	15	45
Outcome	% completion of final Asthma Home Nursing assessments	69%	100%	75%	80%
Output	# of technical assistance consults to service providers who work with children with special health care needs	NA	NA	300	300

Performance Measures Descriptions

1) Due to reductions in Title V Maternal and Child Health Services Block Grant Program FY19 funding, the environmental health inspections portion of this program had been eliminated and was partially restored mid-year resulting in the FY19 Purchased NA. 3) New Measure

Legal / Contractual Obligation

Federal Uniform Grant Guidelines, LPHA State/Federal Program Requirements, FQHC Rulebook OAR 410-147-0595, MCM OAR 410-130-0595, TCM OAR 410-138-0000 through 410-138-0420, Title V/Maternal Child Health. Targeted Case Management requires matching local funds.

Some activities under this program offer are subject to contractual obligations under the DMAP Healthy Homes State Health Plan Amendment, and DMAP programs funded by Oregon Public Health Division must comply with work plans and assurances.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$320,031	\$1,256,102	\$375,994	\$471,872
Contractual Services	\$137,656	\$99,984	\$107,918	\$0
Materials & Supplies	\$22,708	\$103,272	\$17,783	\$2,366
Internal Services	\$80,668	\$266,357	\$221,376	\$50,724
Total GF/non-GF	\$561,063	\$1,725,715	\$723,071	\$524,962
Program Total:	\$2,286,778		\$1,248,033	
Program FTE	2.09	9.01	2.16	3.74

Program Revenues				
Intergovernmental	\$0	\$1,255,466	\$0	\$34,000
Other / Miscellaneous	\$0	\$0	\$0	\$247,602
Service Charges	\$0	\$470,249	\$0	\$243,360
Total Revenue	\$0	\$1,725,715	\$0	\$524,962

Explanation of Revenues

This program offer is funded by the following:

- \$ 243,360: Healthy Homes TCM
- \$ 247,598: DDSD-CHN
- \$ 17,000: OCDC EHS-CHN
- \$ 17,000: MHCC Head Start

Significant Program Changes

Last Year this program was: FY 2019: 40055-19 Home and Community Based Health Consulting

In FY19 the Maternal Child Medical Home program was included in this program offer. CareOregon Maternal Child Medical Home funding ended in FY19 and program has been completed.

Department: Health Department **Program Contact:** LaRisha Baker
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics: One-Time-Only Request

Executive Summary

This investment builds on and continues the development of a Best Baby Zone (Baby Booster) in the 97266 zip code of southeast Portland that uses a Life Course approach to Maternal Child and Family Health outcomes. This initiative supports a Baby Booster collective impact plan built on community identified priorities. Specifically, a racial equity and health driven prioritization process is informing access to new affordable housing units for families in the 97266 zip code.

Program Summary

Despite years of investing in improved access and quality of health care, racial and ethnic disparities continue to exist in local, state and national maternal, child and family health outcomes. An approach to addressing underlying conditions of health at particular times in a person's life, also known as the life course perspective, suggests that the stress resulting from disproportionate exposure to risk factors at key developmental points throughout one's life, and from generation to generation, can accumulate in one's body before conception and increase the risk for negative birth outcomes for the next generation.

The Baby Booster project improves Maternal, Child and Family health outcomes in the Lents neighborhood of east Portland through a concerted focus on the first thousand days of life. The efforts of the Baby Booster work focuses on addressing community articulated priorities (mainly anti-displacement efforts in the 97266 area) to reduce stressful events that cause cumulative health impacts particularly for parenting aged adults and very young children in their first thousand days of life.

The Baby Booster anchor agency convenes multi-agency collaborations in the 97266 zip code to develop a community-driven collective impact initiative with four focus areas as identified by communities in the 97266 zip code and in the Multnomah County Community Health Improvement Plan. The focus areas address housing, food, healthcare and jobs at a systems level as a means to reduce racial and ethnic disparities in Maternal, Child and Family Health outcomes. These efforts are needed in Multnomah County to address the underlying conditions which can impact health and health outcomes.

FY20 will continue support for the partnership, expand the housing preference to other ROSE Community Development properties and to future Rose CDC development projects, and resource development to sustain the Best Baby Zone in the 97266 zip code of southeast Portland.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Increase the number of active coalition leadership and partners				10
Outcome	Provide access to new affordable housing through expanding housing preference				40 families

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Contractual Services	\$0	\$0	\$55,500	\$0
Total GF/non-GF	\$0	\$0	\$55,500	\$0
Program Total:	\$0		\$55,500	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Department: Health Department **Program Contact:** LaRisha Baker
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40054, 40055, 40058, 40097
Program Characteristics:

Executive Summary

Healthy Families of Multnomah County (HFMC) is a nationally accredited, evidence-based program that is part of the state-wide Healthy Families of Oregon (HFO) network. HFMC provides early childhood risk screening and home visiting for children and families at-risk of poor early childhood outcomes. The program works to reduce child abuse and neglect, improve school readiness, and promote healthy growth and development for young children up to age three. HFMC will screen approximately 1,000 families for eligibility, enrolling approximately 550 families in home visiting services.

Program Summary

Research shows the conditions of early life have a profound effect on long-term health and stability. HFMC serves families from the prenatal period or birth of a new child until the child turns three. Families who qualify for services are offered voluntary home visits shown to reduce child abuse and neglect, improve parent-child attachment, reduce parent stressors, and support parents' ability to ensure children meet developmental milestones, all of which are critical to improved school readiness by age five. The program supports racial equity approaches by prioritizing screening families of color and low income communities and directing these families to programs prepared to address their specific needs. Long-term benefits to the County include reduced racial inequities and increased numbers of healthy children who enter kindergarten ready to learn, a healthier workforce and decreased costs to County systems by preventing future child welfare involvement, school absenteeism, juvenile crime and chronic disease.

HFMC has two components: 1) Welcome Baby screens families for service eligibility and refers families who may be experiencing risk indicators for parent stress. 2) HFMC home visiting delivers the accredited, evidence-based Healthy Families America model, delivered by highly trained staff at community-based agencies. Home visiting teams have a culturally-specific focus, including African American, immigrant/refugee, Latino families, teen parents, and parents with significant substance abuse or trauma history.

The HFMC program also maximizes a number of partnerships and is guided by a Maternal Child and Family Health Advisory Council. Example partnerships include the Healthy Birth Initiatives to improve services for African American families; We Are Home, a collaboration with the Oregon Community Health Worker Association to support immigrant refugee families through community-driven, culturally-specific approaches to maternal child family health services; and Early Learning Multnomah (ELM), a collaboration of over 50 early learning programs; and Health Share of Oregon to develop and pilot a tri-county early childhood resource referral and service database to close service gaps for at risk families. HFMC home visitors leverage Medicaid Administrative Claiming funds to provide culturally-specific, African American Mental Health Consultation and other program supports that improve service delivery and family engagement and retention in services.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Number of families served	539	575	635	635
Outcome	% of participating parents who report reading to/with a child at least 3x/week	93%	94%	93%	93%
Quality	% of families remaining in intensive services for 12 months or longer	84%	66%	75%	75%
Outcome	% of families served who fit Early Learning Multnomah (ELM) priority populations (People of Color/low income)	90%	90%	95%	95%

Performance Measures Descriptions

Legal / Contractual Obligation

Healthy Families of Multnomah County must comply with Healthy Families of Oregon policies and procedures, which are based on Healthy Families America (HFA) credentialing standards and contract obligations. Failure to comply may result in disaffiliation with HFA and withholding of funding from the State.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$20,536	\$616,561	\$11,507	\$679,330
Contractual Services	\$214,564	\$1,574,975	\$365,317	\$1,524,222
Materials & Supplies	\$25,715	\$0	\$40,483	\$0
Internal Services	\$111,927	\$77,749	\$112,227	\$78,734
Total GF/non-GF	\$372,742	\$2,269,285	\$529,534	\$2,282,286
Program Total:	\$2,642,027		\$2,811,820	
Program FTE	0.21	5.65	0.11	5.76

Program Revenues				
Intergovernmental	\$0	\$2,237,285	\$0	\$2,237,286
Other / Miscellaneous	\$0	\$32,000	\$0	\$45,000
Total Revenue	\$0	\$2,269,285	\$0	\$2,282,286

Explanation of Revenues

Healthy Families of Multnomah County is funded by the State Healthy Families grant which requires a County match of 25%, of which 5% must be cash match.

Healthy Families home visitors, through the completion of regular staff time studies, leverage Medicaid Administrative Claiming (MAC) program reimbursements, generally equal to about 5% of the State Healthy Families grant.

Healthy Families Grant: \$ 2,037,285
 State Healthy Start MAC: \$ 200,000
 HSO: Help Me Grow Grant: \$ 45,000

Significant Program Changes

Last Year this program was: FY 2019: 40056-19 Healthy Families

Department: Health Department **Program Contact:** LaRisha Baker
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40054, 40055, 40056, 40097
Program Characteristics:

Executive Summary

Each year, the Healthy Birth Initiative (HBI) program improves birth outcomes and the health of new families, mothers, and fathers in the African American community, helping children get a healthy start in life. For over 15 years, HBI has improved birth outcomes in the African American community using a culturally-specific model that addresses the underlying causes of health inequities. HBI participants have demonstrated lower rates of infant mortality and low birth weight and higher rates of early prenatal care compared to African Americans not enrolled in the program.

Program Summary

Research shows the conditions of early life have a profound impact on long-term health and stability. The African American community experiences the most severe inequities across the spectrum of perinatal health, including a rate of low birth weight at twice that of White non-Hispanics. African American babies in Multnomah County are born too soon, too small, and die too early. These are some of the worst health outcome disparities in the county and, therefore, the Health Department recognizes the work of HBI as part of its core public health mission. HBI uses a family-centered approach that engages mothers, fathers, and other caretakers in supporting a child's development. Components of HBI include case management, health education, community engagement, service coordination, and collective impact.

HBI nurses utilize the Nurse Family Partnerships model as a key component of home visiting services. Other evidence-based models, in addition to Nurse Family Partnerships, include Centering Pregnancy; Smoking Cessation and Reduction in Pregnancy Treatment (SCRIPT); Parents as Teachers (PAT); Partners in Parenting Education (PIPE); 24/7 Dads, among others. HBI care coordination is promoted between internal Health Department programs, external health and social service providers, and larger health systems.

HBI works with its Community Action Network (CAN) to achieve collective impact on topics such as breastfeeding, family planning, and male/father involvement. The CAN is led by parents and comprised of a number of healthcare, social-service, and culturally specific agencies working together to implement community-identified strategies.

Long-term benefits of the program include healthy children ready to learn; a healthier work force; decreased costs related to school failure, juvenile crime, and chronic disease; strengthened partnerships; and gains in equity for the county's African American community.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Number of families served	164	250	250	450
Outcome	Percent of mothers initiating breastfeeding after delivery	83%	95%	95%	95%
Quality	Percent of participants who remain in program until child is two years old	80%	80%	80%	80%
Quality	Percent of participants who express satisfaction with cultural specificity of program	82%	95%	95%	95%

Performance Measures Descriptions

FY 20 Offer of families served has increased due to new grant cycle with increased service level requirements supported by the grant and County general fund.

Legal / Contractual Obligation

Federal Uniform Grant Guidelines, LPHA State/Federal Program Requirements, FQHC Rulebook OAR 410-147-0595, MCM OAR 410-130-0595, TCM OAR 410-138-0000 through 410-138-0420, Title V/Maternal Child Health. Targeted Case Management requires matching local funds.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$659,694	\$818,191	\$896,248	\$1,061,484
Contractual Services	\$97,000	\$75,375	\$367,642	\$179,182
Materials & Supplies	\$71,213	\$25,744	\$24,883	\$57,047
Internal Services	\$96,010	\$279,610	\$263,890	\$123,027
Total GF/non-GF	\$923,917	\$1,198,920	\$1,552,663	\$1,420,740
Program Total:	\$2,122,837		\$2,973,403	
Program FTE	6.00	6.80	6.00	9.80

Program Revenues				
Intergovernmental	\$0	\$750,000	\$0	\$892,500
Service Charges	\$0	\$448,920	\$0	\$528,240
Total Revenue	\$0	\$1,198,920	\$0	\$1,420,740

Explanation of Revenues

Healthy Birth Initiative is funded by: Medicaid Targeted Case Management (TCM) Medicaid Maternity Case Management and a Health Resources and Services Administration grant.

Health Resources Services Administration grant: \$ 892,500

Targeted Case Management: \$ 408,960

Medicaid Fee For Services: \$ 119,280

Significant Program Changes

Last Year this program was: FY 2019: 40058-19 Healthy Birth Initiative

In FY20, HBI will have increases in County General Fund and Grant revenue, resulting in increased FTE and service capacity.

Department: Health Department **Program Contact:** Michael Seale
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40049, 40050-40051
Program Characteristics:

Executive Summary

Corrections Health Multnomah County Detention Center, Inverness Jail and Juvenile Detention Home collectively house over 1,000 adults and 80 juveniles. Over 36,000 adult individuals are cared for each year with approximately 30% having mental health and behavioral issues. Over 3,500+ juvenile individuals are cared for each year from Multnomah, Washington and Clackamas counties-- brought in from the community, other jurisdictions and other community holding facilities. Over 40% of those juveniles have significant mental health conditions.

Program Summary

Providing health care to detained individuals is the responsibility of Corrections Health. From first entering the facilities through booking until release or transfer to another jail, prison or USM service, trained and skilled Corrections Health personnel provide effective screening, illness identification, evaluation and treatment through a system of policies and procedures that reflect the standard of care in the community and are equivalent to other correctional facilities across the country.

This offer represents the mental health services to adults in the MCDC and MCIJ facilities and juveniles in the JDH facility. At MCDC, approximately 400 detainees are housed in classification (new jail housing), female, male, close custody and mental health housing modules. Ninety-six rooms are designated for those with mental health diagnosis and cared for by a team of mental health nurses, consultants and providers for diagnosis and treatment. Early identification, evaluation and treatment provide safety for clients, especially for suicide prevention. At MCIJ, approximately 600 men, women, inmate workers for inside and outside work crews, sentenced individuals and those awaiting trial are housed. A 10 bed medical unit provides skilled nursing and protective isolation in house, and utilization of the unit prevents a stay in a hospital at a much greater cost. Mental health services are also provided to inmates at MCIJ, both individually and in groups. Inmates are typically more stable in this jail which allows for mental health groups to occur several times per week. In addition to groups, individual sessions and medication management occur. JDH health professionals work 16 hours/day, seven days a week providing care for 80 youth daily in 7 individual housing units from three counties. Care ranges from minor ailments to major chronic and emotional diseases resulting from substance abuse, trauma, lack of health care, lack of knowledge of hygiene and self care, frequent infections and a high rate of medical and mental illness.

In addition to the services provided by mental health professions, mental health and behavioral issues are screened for and addressed by nursing and other staff in a variety of circumstances: intake/reception screening, 14-Day Health Assessment, response to medical request forms, management in observation units and at release. This health care is delivered effectively through providing the right care in the right setting.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Avg number of mental health evaluations for suicide watch per month.	222	200	235	240
Outcome	Avg of total number of active and constant suicide watches per month to prevent inmate injury or death	120	90	130	130
Output	Avg number of evaluations performed by Mental Health Consultants for all Corrections Health sites per month	860	900	785	825
Outcome	% of detained youth receiving mental health medications monthly	44%	40%	45%	45%

Performance Measures Descriptions

Measure 1: Tracking MHC evaluations help to assess client access to care and resource utilization; Measure 2: Tracking both "ACTIVE" and "CONSTANT" suicide watches, capture management of detainees felt to be at risk, better-reflecting resource needs; Outcome Measure: Tracking percentage of youth receiving psychotropic medications allows for monitoring of needs at the JDH facility.

Legal / Contractual Obligation

Necessary health care for incarcerated individuals is a right because they do not have the freedom to obtain care on their own. Appropriate access to care and timely evaluation by a health professional is mandated by the 4th, 8th and 14th amendments. When serious health needs are not adequately addressed by professionals, that deliberate indifference to medical needs may bring harm to individuals entrusted to our care and increase liability for the County. Corrections Health is bound by ethical standards to provide unbiased care to all individuals based on community standards of care.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$3,192,760	\$0	\$3,431,645	\$0
Contractual Services	\$40,000	\$0	\$40,000	\$0
Materials & Supplies	\$19,724	\$0	\$22,858	\$0
Internal Services	\$307,010	\$0	\$303,496	\$0
Total GF/non-GF	\$3,559,494	\$0	\$3,797,999	\$0
Program Total:	\$3,559,494		\$3,797,999	
Program FTE	21.80	0.00	23.40	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

As a result of the current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from Medicare, and Medicaid. These rules and laws are under review nationally to determine if additional revenue sources can be made available to jails. A co-pay system is in place that charges the inmate accounts nominal fees only for detainee-requested medical and dental provider evaluations. No fees are charged for mental health requests or mental health provider evaluations. Provider-ordered treatments, screenings, diagnostic tests and communicable diseases tests are performed at no charge. Necessary clinical care is provided regardless of the detainee's ability to pay.

Significant Program Changes

Last Year this program was: FY 2019: 40059-19 Corrections Health Mental Health Services

Department: Health Department **Program Contact:** Tameka Brazile
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40006, 40025, 40060, 40037
Program Characteristics:

Executive Summary

Chronic disease and violence prevention (CDVP) programming is essential to a modernized public health system as it implements population level strategies to address the leading preventable causes of early death and disability. These programs respond to documented health inequities by working in neighborhoods with the highest rates of disease and crime. Strategies include community-informed planning and decision-making; training and technical assistance; community health worker initiatives; communications; and initiatives that improve policies, systems, and environments.

Program Summary

Research shows an individual's zip code is a main determinant of health and wellbeing. Locally, geographic areas with socioeconomic disparities (higher poverty, lower educational attainment, and neighborhoods subjected to disinvestment and/or gentrification) also have significant health disparities, including for chronic diseases and exposure to violence and trauma. In fact, researchers recognize violence (the experience with and/or fear of) as a risk factor for a range of physical health issues, including chronic diseases. CDVP programs engage and work alongside community partners to prevent and improve these health and social inequities by nurturing neighborhoods to support healthy and safe gathering spaces, worksites, schools, health care, and physical environments. Strategies support the work of other Public Health Division prevention programs by addressing the leading causes of death and disability through a health equity framework that reaches neighborhoods and communities most impacted by disparities.

Chronic diseases prevention (CDP) work compliments and augments strategies implemented in the Office of the Director, REACH, Community Powered Change/CHIP, and Tobacco Control and Prevention. CDP provides capacity and flexibility to fill critical gaps in prevention efforts that State and Federal funding are not able to support. Activities are focused on increasing access to healthy eating, active living, and smoke/nicotine-free environments by advancing community/neighborhood policy and systems changes; reaching youth/adolescents in a variety of school and recreation settings; and addressing factors that create socioeconomic disparities, particularly poverty and educational attainment.

Violence prevention work is led by STRYVE (Striving to Reduce Youth Violence Everywhere), which employs a public health approach to violence prevention grounded in equity, healing, and resilience. STRYVE prevents youth violence through community health workers who are reflective of the population and work in partnership with youth and adults to address community trauma, increase resilience, youth empowerment and leadership, and build system capacity. Activities include improving neighborhood livability through community-led projects; providing summer employment programs for youth; and maintaining relationships with national experts to guide local systems with emerging best practices. Violence prevention programming coordinates with chronic disease prevention work at neighborhood and systems levels by building and adapting a cohesive, unified set of strategies to address overlapping root causes of inequities.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Number of youth and community members engaged in prevention activities	3,200	3,700	3,200	3,500
Outcome	Number of policies & practices established to prevent and reduce rates of chronic disease and violence	11	15	13	20
Outcome	# of community sites involved in prevention activities	27	29	33	35

Performance Measures Descriptions

1) DCI activities conclude in FY19 resulting in reduction in engagement. Measure was changed to included violence and chronic disease prevention. 2) Includes PSE improvement and communications activities that address violence, chronic disease, and social determinants of health. 3) Includes settings implementing communications and PSE improvement activities that address violence, chronic disease, and social determinants of health.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$1,062,436	\$379,184	\$934,838	\$259,334
Contractual Services	\$729,197	\$121,354	\$90,856	\$45,883
Materials & Supplies	\$139,327	\$33,232	\$60,619	\$28,579
Internal Services	\$185,230	\$76,052	\$133,869	\$78,491
Total GF/non-GF	\$2,116,190	\$609,822	\$1,220,182	\$412,287
Program Total:	\$2,726,012		\$1,632,469	
Program FTE	9.35	3.60	7.95	2.25

Program Revenues				
Intergovernmental	\$0	\$609,822	\$0	\$412,287
Total Revenue	\$0	\$609,822	\$0	\$412,287

Explanation of Revenues

This Program Offer includes federal funding from the Centers for Disease Control and Prevention (CDC) Preventing Teen Dating Violence and Youth Violence by Addressing Shared Risk and Protective Factors (\$412,287)

Significant Program Changes

Last Year this program was: FY 2019: 40060-19 Chronic Disease and Violence Prevention

In F19, this program offer included DCI: Safe and Thriving Communities. The Federal grant ended in FY19 and the DCI program was consolidated into STRYVE.

Department: Health Department **Program Contact:** Kim Toevs
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40010B
Program Characteristics:

Executive Summary

Access to sterile injection equipment is proven to reduce transmission of hepatitis C, HIV/AIDS, and bacterial infections. The national opioid epidemic, coupled with rising methamphetamine use, has led to continued growth of injection drug use and, in turn, the need for syringe exchange and other harm reduction services. The Harm Reduction program provides syringe exchange, naloxone distribution, and resources that work to increase readiness and linkages to engage clients in addictions treatment services.

Program Summary

The harm reduction program works with people who may not be ready to stop substance use, offering strategies to reduce risks and negative outcomes for people who inject drugs (PWID) and those around them. While syringes are legal for purchase in Oregon, 70% of program clients report homelessness/unstable housing and rely on low barrier access to services and supplies offered through Harm Reduction programming. Services incorporate trauma-informed risk reduction counseling and referrals based on readiness for change. Strategies include promoting one-time use of new, sterile syringes and other supplies, which are crucial to prevent hepatitis C, HIV, and hepatitis B transmission.

The Harm Reduction program offers access to services at the field-based and clinical site. These access points mitigate barriers faced by PWID, such as the stigma associated with drug use and housing status, through an approach focused on building trusting relationships. Sites offer syringe exchange and addictions education and resources, including access to an addictions benefit coordinator. The clinical site also provides low barrier wound/abscess care, and sexual health services for people not typically engaged in health care. Currently, the Oregon Health Plan is expanding hepatitis C treatment access to PWID, among others. The program will optimize this opportunity to engage clients in HCV/HIV testing and linkage to treatment.

Opioid overdose prevention and naloxone distribution (a medication that reverses overdoses) help clients, first responders, and other community members recognize and respond to an overdose. While prescription drug overdose (OD) deaths recently declined in Oregon, statewide data shows an increase in OD death due to illicit drugs. Multnomah County has the highest OD death rates in Oregon, but opioid OD has declined each year since the advent of naloxone distribution, a reduction not seen nationally or in local counties with limited naloxone access. Harm Reduction clients reported 913 OD reversals in FY18, an increase of 22.7%. To support overdoses prevention efforts, staff provide regional and statewide technical assistance and capacity building training, allowing local community-based organizations to buy naloxone through the program. Staff also work with partners to coordinate system-level strategies.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Number of syringe exchange client encounters	48,458	50,000	47,541	50,545
Outcome	Number of overdose rescues reported	913	750	970	939
Output	Number of syringes collected	6,057,763	NA	7,281,362	7,300,000
Output	Number of naloxone doses distributed	6,680	NA	7,228	7,228

Performance Measures Descriptions

1) Visits to MCHD and Outside In. 2) Overdose rescues reported to MCHD and Outside In. 3) Includes MCHD and Outside In. 4) Clients from MCHD and Outside In.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$687,732	\$222,817	\$440,903	\$406,947
Contractual Services	\$357,417	\$114,320	\$278,838	\$96,000
Materials & Supplies	\$442,738	\$39,651	\$528,625	\$111,975
Internal Services	\$250,265	\$28,098	\$228,986	\$46,499
Total GF/non-GF	\$1,738,152	\$404,886	\$1,477,352	\$661,421
Program Total:	\$2,143,038		\$2,138,773	
Program FTE	6.45	2.32	4.24	3.43

Program Revenues				
Intergovernmental	\$0	\$360,360	\$0	\$646,421
Other / Miscellaneous	\$0	\$44,526	\$0	\$0
Service Charges	\$0	\$0	\$0	\$15,000
Total Revenue	\$0	\$404,886	\$0	\$661,421

Explanation of Revenues

- \$ 463,421 - HIV Prevention Block Grant
- \$ 15,000 - Medicaid CareOR FFS
- \$ 66,000 - Public Health Substance Abuse and Mental Health Services Administration
- \$ 117,000 - SAMHSA Opioid Use Disorder

Significant Program Changes

Last Year this program was: FY 2019: 40061A-19 Harm Reduction

Legal / Contractual Obligation

Oregon Administrative Rule, Standards for Management of Community Mental Health and Developmental Disability Programs, 309-014-0020, 309-014-0035, 309-14-0040.

Oregon Health Authority Intergovernmental Agreement for the Financing of Community Addictions and Mental Health Services.

Health Share of Oregon Risk Accepting Entity Participation Agreement.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$518,044	\$669,498	\$728,525	\$716,488
Contractual Services	\$4,000	\$301,563	\$0	\$752,048
Materials & Supplies	\$10,540	\$74,786	\$11,056	\$75,210
Internal Services	\$5,223	\$197,589	\$131,211	\$148,762
Total GF/non-GF	\$537,807	\$1,243,436	\$870,792	\$1,692,508
Program Total:	\$1,781,243		\$2,563,300	
Program FTE	4.65	3.83	5.65	3.83

Program Revenues				
Intergovernmental	\$0	\$1,243,436	\$0	\$1,192,508
Beginning Working Capital	\$0	\$0	\$0	\$500,000
Total Revenue	\$0	\$1,243,436	\$0	\$1,692,508

Explanation of Revenues

\$ 829,160 - Behavioral Health Managed Care fund

\$ 363,347 - State Mental Health Grant Local Admin

\$ 500,000 - Beginning Working Capital

Significant Program Changes

Last Year this program was: FY 2019: 40065-19 Mental Health & Addiction Services Administration

Department: Health Department **Program Contact:** Neal Rotman
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40065A
Program Characteristics:

Executive Summary

MHASD supports a recovery oriented system of care which endorses the belief that all consumers experiencing mental health and substance use conditions can and do recover. The important voice of consumers, with lived experience brings a valuable and necessary perspective to ensure community services are recovery oriented and trauma informed. In order to support the expansion, coordination and quality of peer services in Multnomah County, we seek to employ a leadership level position in the Office of Consumer Engagement within MHASD.

Program Summary

The MHASD Office of Consumer Engagement (OCE) is a team of peer staff who advise division leadership and function as a team of liaisons to community providers and system partners to ensure consumer voice is infused at critical junctures of project and program development. The recommendation to establish a County leadership level position was made through the Fall 2018 Mental Health Systems Analysis Report. This position will supervise two existing Coordinator positions, and lead efforts to improve engagement and coordination of care for the most vulnerable residents in Multnomah County living with mental illness and addiction.

In conjunction with the OCE Coordinators, this position will work with the division, department, and community to lead, support, and advise on peer efforts across the County. This supervisor will oversee the peer team's work with contracted providers and system partners to increase awareness about the value of including peers in all aspects of our community system of care. This position will work with MHASD leadership to improve strategies for outreach to diverse communities, and engagement and coordination of recovery services to a population of consumers frequently engaged with multiple systems in our community. Additionally, this position will work with their team and staff involved in workforce equity efforts at the County to develop workforce strategies to hire and retain peers in our County, and develop community training to increase awareness around peer support.

By establishing a county-level leadership position, we are able to demonstrate our value of ensuring those most impacted by decisions we are making about programs and care are at the table as decision makers. This position will also help MHASD lead and align efforts around peer support services with best and promising practices, and bring more capacity for collaboration coordination with advocacy groups and system partners.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Meet w/ MHASD staff to gather information about ways peer voice can be incorporated into program planning.	n/a	n/a	n/a	50%
Outcome	Make key recommendations to MHASD leadership on a strategy to infuse consumer voices into program supervis	n/a	n/a	n/a	4

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$0	\$0	\$105,839	\$0
Total GF/non-GF	\$0	\$0	\$105,839	\$0
Program Total:	\$0		\$105,839	
Program FTE	0.00	0.00	1.00	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was:

This program offer will fund a leadership position for the Office of Consumer Engagement.

Legal / Contractual Obligation

The following guidelines are utilized in monitoring MHASD compliance to federal, state and county rules and audits regarding client confidentiality and release of clinical records, record retention, responding to subpoenas and court orders for confidential client records and standards for clinical documentation: HIPAA, DSM V "Diagnostics & Statistical Manual of Mental Disorders", Children's & Adult's State of Oregon Administrative Rules, Oregon Revised Statutes related to medical records & client confidentiality, State Archiving rules, CFR 42 Public Health, Chapter 1 Part 2, Public Law 94-142, Public Law 99-57, State of Oregon Mandatory Child Abuse Reporting Laws, Oregon Health Plan, Mental Health Organization Contract, Multnomah Mental Health HSO Policies & Procedures, Practice Guidelines of the American Health Information Management Association, and Centers for Medicare and Medicaid billing regulations.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$174,918	\$571,682	\$226,328	\$551,280
Contractual Services	\$0	\$33,923	\$0	\$0
Materials & Supplies	\$66	\$7,832	\$0	\$25,149
Internal Services	\$3,801	\$181,933	\$0	\$177,257
Total GF/non-GF	\$178,785	\$795,370	\$226,328	\$753,686
Program Total:	\$974,155		\$980,014	
Program FTE	1.96	6.34	2.46	5.84

Program Revenues				
Intergovernmental	\$0	\$795,370	\$0	\$753,686
Total Revenue	\$0	\$795,370	\$0	\$753,686

Explanation of Revenues

\$ 612,748 - Health Share of Oregon (Medicaid): Based on FY19 Medicaid Rates

\$ 140,938 - State Mental Health Grant: LA 01 System Management and Coordination

Significant Program Changes

Last Year this program was: FY 2019: 40068-19 Mental Health Quality Management & Protective Services

Legal / Contractual Obligation

1) Each provider of community mental health and developmental disability service must implement and maintain a QA program. Elements of the QA program include maintaining policies and procedures, grievance management, fraud and abuse monitoring, performance measurement, and contract management.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$570,143	\$3,395,912	\$564,653	\$3,615,318
Contractual Services	\$0	\$3,091,435	\$0	\$998,348
Materials & Supplies	\$292	\$297,658	\$946	\$325,938
Internal Services	\$84,549	\$815,613	\$37,487	\$910,960
Total GF/non-GF	\$654,984	\$7,600,618	\$603,086	\$5,850,564
Program Total:	\$8,255,602		\$6,453,650	
Program FTE	4.49	28.11	4.35	27.35

Program Revenues				
Intergovernmental	\$0	\$7,600,618	\$0	\$5,730,564
Beginning Working Capital	\$0	\$0	\$0	\$120,000
Total Revenue	\$0	\$7,600,618	\$0	\$5,850,564

Explanation of Revenues

- \$ 4,867,552 - Health Share of Oregon (Medicaid): Based on FY19 Medicaid Rates
- \$ 732,012 - State Mental Health Grant: LA 01 System Management and Coordination
- \$ 131,000 - Clackamas County Intergovernmental Agreement
- \$ 120,000 - Beginning Working Capital

Significant Program Changes

Last Year this program was: FY 2019: 40068-19 Mental Health Quality Management & Protective Services

APS was removed from Quality Management and added to CMHP in August 2018.

Department: Health Department **Program Contact:** Neal Rotman
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Mental Health and Addiction Services Division operates a 24-hour, 365-day-a-year behavioral health crisis response system, including a 24/7 crisis and resource hotline, a 24/7 mobile crisis outreach team and a seven day a week crisis walk-in clinic that serves every member of Multnomah County.

Program Summary

The behavioral health crisis system in Multnomah County is comprised of several interconnected services: Multnomah County Call Center – operated by Multnomah County 24/7, 365 days/year. The Call Center is the hub for behavioral health crisis services for all county residents regardless of insurance status. Interpretation services are available in person and on the phone as needed. The Call Center triages and deploys crisis resources, such as mobile outreach and the urgent walk in clinic, provides crisis counseling, manages division program referrals, links callers to behavioral health services and community education on suicide prevention, serves as the after hours hospitalization authorization for Multnomah Health Share (Behavioral Health Plan) members, and authorizations for indigent medications, crisis housing and transportation. The call center also receives warm transfers from the Portland Bureau of Emergency Communications (BOEC/911) for callers that are in behavioral health crisis and do not have an immediate need for law enforcement, fire, or ambulance.

The Call Center has taken over the intake and referral process for Mental Health Crisis and Assessment Treatment Center (CATC) and will take over this function in FY20 for Crisis Respite as well. This will improve access and our clients' ability to move seamlessly through crisis levels of care.

Project Respond – Mobile outreach service provided by clinicians and peers that is contracted with a community based organization and is available 24/7, 365 days/year. Project Respond is deployed by the Call Center or BOEC/911 to provide face-to-face crisis evaluation and triage services as well as hospital diversion to those in crisis regardless of insurance status. In FY18, total number of clients served was 3,449. Hospital Outreach Liaisons- in the Project Respond program assist in diverting 320 individuals in Emergency Departments from Acute care services to appropriate treatment services in the community.

Urgent Walk-In Clinic (UWIC) – Clinic based service contracted with a community-based organization, available from 7:00 a.m. to 10:30 p.m., Monday - Friday, that provides crisis evaluation, triage, and stabilization on a walk-in basis. The UWIC is the only service available to indigent clients in crisis in Multnomah County with immediate access to a psychiatrist or psychiatric mental health nurse practitioner for medication evaluation and treatment. Peer services are also available.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Total Crisis System Contacts ¹	89,052	80,000	95,000	95,000
Outcome	% of UWIC clients seen by the UWIC that did not need to be referred to an ED ²	96%	96%	96%	96%

Performance Measures Descriptions

¹ FY18 totals include Crisis Line Incoming Calls: 72,524, Crisis Line Outgoing calls: 7,834, FY18 Project Respond and UWIC: 7,877, ED Liaisons: 320, CATC referrals: 312, Cascadia Respite clients: 185

² Percentage of Urgent Walk In contacts that do not need a referral to an Emergency Department for acute services.

Legal / Contractual Obligation

The Multnomah County Community Mental Health Program is contracted with the state to provide a mental health crisis system that meets the needs of the community.

Oregon Health Authority Intergovernmental Agreement for the Financing of Community Addictions and Mental Health Services.

Health Share of Oregon Risk Accepting Entity Participation Agreement.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$958,648	\$2,108,972	\$324,920	\$3,028,495
Contractual Services	\$1,335,876	\$7,686,679	\$1,348,127	\$7,293,502
Materials & Supplies	\$1,691	\$18,944	\$1,714	\$5,917
Internal Services	\$110,660	\$400,439	\$91,112	\$536,948
Total GF/non-GF	\$2,406,875	\$10,215,034	\$1,765,873	\$10,864,862
Program Total:	\$12,621,909		\$12,630,735	
Program FTE	7.44	13.79	2.60	22.81

Program Revenues				
Intergovernmental	\$0	\$10,150,484	\$0	\$10,788,853
Beginning Working Capital	\$0	\$64,550	\$0	\$76,009
Total Revenue	\$0	\$10,215,034	\$0	\$10,864,862

Explanation of Revenues

\$ 6,628,834 - Health Share of Oregon (Medicaid): Based on FY19 Medicaid Rates

\$ 3,320,592 - State Mental Health Grant: MHS 25 Community Crisis Services for Adults and Children

\$ 308,519 - State Mental Health Grant: MHS 37

\$ 530,906 - Washington County Crisis

\$ 76,009 - Beginning Working Capital

Significant Program Changes

Last Year this program was: FY 2019: 40069-19 Behavioral Health Crisis Services

Last year this program was also: 40069B Crisis Service Current Capacity Funding

Department: Health Department **Program Contact:** Neal Rotman
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

The Mental Health and Addiction Services Division (MHASD) has identified alternatives to inpatient hospitalization as a missing service in the system of care. The Crisis Assessment and Treatment Center (CATC) offers 16 beds of short-term mental health treatment in a secure locked environment as a lower cost alternative to hospitalization for over 350 clients per year. Facility staffing includes physical and mental health professionals and peer support specialists.

Program Summary

Crisis Assessment Treatment Center Subacute is a short-term stabilization program for those individuals who require a secure alternative to incarceration or hospitalization. It is a critical component in a full continuum of mental health services. Although it works with other community agencies that provide long term-care, the mission of the sub-acute facility is brief intervention when a person becomes a danger to themselves or others due to his/her mental illness. The target length of stay is 6 days. Since the individual remains linked to the community, length-of-stay is minimized and the person is less likely to lose critical recovery supports including Medicaid eligibility and housing. Subacute care is less expensive than hospitalization. Incarceration hinders recovery and strains the resources of courts and the jail. As part of a best practice model for facilities of this type, the proposed treatment team includes consumer positions on staff (Peer Support Specialists) to provide mentoring and linkage to services in the community. These positions are salaried members of the treatment team.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Number of admissions that are unique Multnomah Mental Health members	287	306	303	300
Outcome	Number of admissions that are Non-HSO Multnomah Members	44	56	46	45
Output	Number of inpatient days for Non-HSO Multnomah Adults	8,998	10,797	8,823	8,800
Outcome	Percentage of clients admitted that are Non-HSO Multnomah Members:	14.09%	15.5%	14.81%	14.5%

Performance Measures Descriptions

Legal / Contractual Obligation

The Multnomah County Community Mental Health Program is contracted with the state to provide a mental health crisis system that meets the needs of the community.

Oregon Health Authority Intergovernmental Agreement for the Financing of Community Additions and Mental Health Services.

Health Share of Oregon Risk Accepting Entity Participation Agreement.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Contractual Services	\$664,520	\$4,093,869	\$691,101	\$3,045,806
Total GF/non-GF	\$664,520	\$4,093,869	\$691,101	\$3,045,806
Program Total:	\$4,758,389		\$3,736,907	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$4,093,869	\$0	\$3,045,806
Total Revenue	\$0	\$4,093,869	\$0	\$3,045,806

Explanation of Revenues

\$ 3,045,806 - Health Share of Oregon (Medicaid): Based on FY19 Medicaid Rates

Significant Program Changes

Last Year this program was: FY 2019: 40070-19 Mental Health Crisis Assessment & Treatment Center (CATC)

Legal / Contractual Obligation

The LMHA shall conduct the investigations and make the findings required by ORS 430.735 to 430.765 for allegations of abuse of a person with mental illness being served in a program paid for by Multnomah County.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$203,296	\$253,515	\$717,770	\$271,608
Materials & Supplies	\$929	\$146	\$929	\$146
Internal Services	\$65,020	\$18,596	\$119,708	\$503
Total GF/non-GF	\$269,245	\$272,257	\$838,407	\$272,257
Program Total:	\$541,502		\$1,110,664	
Program FTE	1.60	2.00	5.60	2.00

Program Revenues				
Intergovernmental	\$0	\$272,257	\$0	\$272,257
Total Revenue	\$0	\$272,257	\$0	\$272,257

Explanation of Revenues

\$ 272,257 - State Mental Health Grant: LA 01 System Management and Coordination

Significant Program Changes

Last Year this program was: FY 2019: 40068-19 Mental Health Quality Management & Protective Services

This program moved from MHASD Quality Management to MHASD Community Mental Health Program in fall 2018. Shortly following this transition, the program hired a Program Supervisor, an On Call Investigator, and a Risk Case Manager (Case Manager Senior). Additionally, the program is in process of hiring an additional Investigator/Screeners with a cultural competency KSA to outreach communities that are underrepresented in our reporting data.

Department: Health Department **Program Contact:** Neal Rotman
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Commitment Services includes Emergency Psychiatric Holds (E-Holds), Involuntary Commitment Program (ICP), Commitment Monitors, and the State Hospital Waitlist Reduction Program. The county is the payor of last resort for indigent E-Holds and ICP staff are required to investigate to determine whether individuals on a hold present a risk of harm to themselves or others and if a court hearing is recommended. This is a requirement of the county as the Local Mental Health Authority (LMHA).

Program Summary

Commitment Services is comprised of several distinct yet interconnected services:

Involuntary Commitment Program: Pre-Commitment Services. An emergency psychiatric hold (E-Hold) is filed with the county and keeps an individual in a hospital so a Pre-Commitment Investigator can investigate the individual's mental health status and whether or not they meet criteria for civil commitment. If a person is found to have a mental disorder, and due to that disorder, are a danger to self/others, or are unable to meet their basic needs a hearing report is filed with the circuit court and civil commitment hearing is held. ORS 426.110-120 requires that a court examiner make an independent recommendation to the judge.

Emergency Hold: When an individual is appropriately placed on an E-Hold and cannot pay for the hospital stay, ORS 426 requires that the county pays for these services. The county is required to provide commitment monitoring services.

Commitment Monitors: Staff in this unit assess committed individuals to determine whether they continue to meet commitment criteria, work with hospital staff to develop treatment & discharge plans, and make recommendations on continued hospitalization. Commitment monitors perform monitoring services during trial visits to the community, facilitate financial & medical entitlements, and ensure that individuals transition into the appropriate level of community care. In FY12, the state began funding the county to pay for uninsured consumers who are committed and monitored in the hospital by MHASD's commitment monitors.

State Hospital Waitlist Reduction Program (WLRP): Funding provides for Intensive Case Management (ICM) for patients discharging from the State Hospital and acute care hospitals, and for three Emergency Department Liaisons. ICM and transition planning prevent relapses into hospital care and reduce the County's burden as the payor of last resort. ICM staff provide a connection with resources and assistance in obtaining housing, access to health care, social services, and outpatient mental health services. These services address the needs of mentally ill county residents at the highest level of care. Services provide care & service coordination, ensure adequacy and appropriateness of resources and provide protection of legal and civil rights.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Total number of E-Holds ¹	3,091	3,425	3,089	3,000
Outcome	% of investigated E-Holds that did not go to Court hearing ²	87%	87%	88%	87%
Outcome	% of investigated E-Holds taken to court hearing that resulted in commitment ²	90%	91%	89%	89%
Output	# of commitments monitored annually ³	387	380	360	360

Performance Measures Descriptions

¹ This measure includes both E-holds for indigent residents as well as residents with insurance.

² Outcomes measure staff effectiveness in applying ORS 426 and reducing the burden on the commitment court system by bringing cases to court that definitively meet commitment criteria.

³ # monitored reflects new & existing commitments of residents in acute care settings & secure placements.

Legal / Contractual Obligation

The ORS 426 requires that all persons placed on a notice of mental illness be investigated within 24 hours, as well as monitored upon commitment, as a protection of their civil rights. The state delegates the implementation of this statute to the counties.

Oregon Health Authority Intergovernmental Agreement for the Financing of Community Additions and Mental Health Services.

The LMHA shall conduct the investigations and make the findings required by ORS 430.735 to 430.765 for allegations of abuse of a person with mental illness being served in a program paid for by Multnomah County.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$1,018,819	\$2,121,684	\$1,052,843	\$2,269,873
Contractual Services	\$20,700	\$569,722	\$0	\$350,096
Materials & Supplies	\$946	\$39,990	\$1,022	\$40,144
Internal Services	\$234,645	\$236,557	\$214,674	\$329,368
Total GF/non-GF	\$1,275,110	\$2,967,953	\$1,268,539	\$2,989,481
Program Total:	\$4,243,063		\$4,258,020	
Program FTE	8.00	16.10	8.00	16.10

Program Revenues				
Intergovernmental	\$0	\$2,967,953	\$0	\$2,967,953
Beginning Working Capital	\$0	\$0	\$0	\$21,528
Total Revenue	\$0	\$2,967,953	\$0	\$2,989,481

Explanation of Revenues

\$ 2,967,953 - State Mental Health Grant: MHS 24 Acute and Intermediate Psychiatric Inpatient Services based on 2017-2019 IGA with State of Oregon.

\$ 21,528 - Beginning Working Capital

Significant Program Changes

Last Year this program was: FY 2019: 40072-19 Mental Health Commitment Services

Department: Health Department **Program Contact:** Neal Rotman
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

This program offer provides an ongoing portion of the funding necessary for a peer-run supported employment program. Additional funding will come from private foundations and in-kind donations. These peer-run employment and education programs typically secure funding from federal, state, and local governments including municipal mental health departments and the national Substance Abuse and Mental Health Services Administration (SAMHSA). Every dollar of county general fund would directly provide employment assistance for a person with a mental illness.

Program Summary

This program offer supports the peer-run supported employment center through continued funding of positions and operating costs. The Supported Employment center offers employment, wellness and administrative support to adults with a mental illness who want to become employed. Continued funding through this offer would ensure that staff can continue to meet the training standards required for Certification. Certification requires that the peer-run entity meet a defined standard of service delivery. Peer-run supported employment provides encouragement and assistance for individuals with a mental illness in securing continuing education, employment and volunteer opportunities and advocating for reasonable accommodations.

The World Health Organization in their Health Impact Assessment and the Robert Wood Johnson Foundation have both endorsed increased education and employment as determinants of good health. This program provides the opportunity for those with mental illness to pursue both educational and employment opportunities that can be factors in improved health outcomes for those experiencing mental health issues.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Number of active members	138	168	148	140
Outcome	Percent of members in paid employment positions	30%	35%	21%	21%
Output	Average daily attendance (ADA)	20	25	22.5	22

Performance Measures Descriptions

Performance measures reflect gradual increase in the total number of members enrolled in program.

Legal / Contractual Obligation

N/A

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Contractual Services	\$109,940	\$0	\$102,000	\$0
Total GF/non-GF	\$109,940	\$0	\$102,000	\$0
Program Total:	\$109,940		\$102,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues**Significant Program Changes**

Last Year this program was: FY 2019: 40073-19 Peer-run Supported Employment Center

Department: Health Department **Program Contact:** Ebony Clarke
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics: One-Time-Only Request

Executive Summary

MHASD supports a recovery oriented system of care and promotes the valuable role of peers in the behavioral health workforce. This program offer provides one-time-only funding to build capacity for additional peer-run supported employment services and supports in the community. Peer-run supported employment services play a vital role in the behavioral health continuum of care, and are evidenced to reduce hospitalizations, support access to meaningful employment and/or education, and promote recovery.

Program Summary

Peer-run and Peer-supported services continue to be a critical component of the local behavioral health system of care. The Substance Abuse and Mental Health Service Agency (SAMHSA) has documented the significant role that peers play in supporting and sustaining recovery, and Multnomah County is committed to furthering this work.

This has been accomplished through funding peer-run and peer support services, including a community-based supported employment center (Program Offer 40073), which offers employment, wellness and administrative support to adults with a mental illness who want to become employed. However, more resources are needed to develop additional capacity in peer-run supported employment services.

This one-time-only funding will address gaps identified by community partners, the Multnomah County Office of Consumer Engagement, and various other stakeholders. Funding will address the need for additional organizational capacity to support professional development, continuing education, employment, and volunteer opportunities for individuals with a mental illness. Community organizations have also signaled a need for more culturally specific outreach. The Multnomah County Mental Health and Addiction Services Division will use this funding to support community based organizations in their efforts to reduce these gaps.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Number of active new members from communities of color	N/A	N/A	N/A	30
Outcome	Increased number of participants actively employed/percent of members in paid employment position	N/A	N/A	N/A	35%
Output	Average daily attendance (ADA)	N/A	N/A	N/A	30
Output	Number of new certified peers of color	N/A	N/A	N/A	15

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Contractual Services	\$0	\$0	\$100,000	\$0
Total GF/non-GF	\$0	\$0	\$100,000	\$0
Program Total:	\$0		\$100,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Department: Health Department **Program Contact:** Neal Rotman
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

This program includes Mental Health Residential Services with 501 beds of Housing. Residential treatment programs include: Secure Residential Treatment Facilities (SRTFs), Residential Treatment Homes (RTHs), Adult Foster Care Homes (ACHs) and a range of semi-independent supported housing programs. Transitional Housing serves approximately 136 individuals who require assistance obtaining permanent housing while addressing their mental health needs. Transitional housing provides short-term stable housing to decrease the likelihood that they will need crisis & acute services.

Program Summary

Residential Services provide mental health residential treatment to persons who suffer from severe mental illness, and who require structured care, foster care, and mental health rehabilitative services. Primary populations served include those who are state Choice Model-eligible and those who are under the jurisdiction of the Psychiatric Security Review Board. In some instances clients meet neither criteria, but their mental illness prevents them from functioning safely in the community.

The Residential Services Team oversees approximately 78 residential programs in Multnomah County and approximately 501 clients. This includes 6 Secure Residential Treatment Programs, 33 Residential Treatment Homes/Facilities, 30 Adult Care Homes, 2 Crisis/Respite Programs, and 7 Supportive Housing Programs. Residential Services manages the development of new Adult Care Homes that serve clients who qualify for mental health residential services. In 2018, the program developed placements in 12 new Adult Care Homes.

Residential Services staff provides regulatory oversight to licensed residential treatment programs, monitoring and supporting the treatment programs' compliance with OARs. Residential staff also provides monitoring, oversight and technical/clinical consultation to treatment programs in the areas of client health, safety and welfare. This typically occurs in the context of scheduled and unscheduled consultation, problem-solving, participation in client staffings, review of appropriateness of unplanned discharges, and monitoring and enforcement of client rights. As a part of oversight of safety, health and welfare, Residential Services is responsible for review of program incident reports, referral to protective services where appropriate, and for conducting Critical Incident Reviews with providers.

As the a designee of the CMHP, Residential Services is responsible for monitoring and responding to denials to program waitlists and client terminations from residential programs. Appeals to these denials are submitted to the Residential Supervisor for a determination. In its role as the regulatory arm of the state, Residential Services also assists state licensors with licensure inspections and quality audits of programs.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	# of New Residential Services Referrals ¹	351	360	350	350
Outcome	% of County Residential Services referrals placed ²	41%	35%	35%	35%

Performance Measures Descriptions

¹ This measure indicates the gap between the number of existing residential treatment beds and the number of referrals for placement.

² OAR changes have impacted gatekeeping responsibilities of the County resulting in lower County placement percentages for in-county residential programs that are statewide resources.

Legal / Contractual Obligation

Oregon Health Authority Intergovernmental Agreement for the Financing of Community Additions and Mental Health Services.

Health Share of Oregon Risk Accepting Entity Participation Agreement.

Revenue Contract with City of Portland Bureau of Housing and Community Development.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$565,872	\$788,125	\$607,530	\$795,468
Contractual Services	\$428,920	\$11,625,137	\$99,173	\$11,607,692
Materials & Supplies	\$3,980	\$7,729	\$4,507	\$9,731
Internal Services	\$17,572	\$160,164	\$143,556	\$72,224
Total GF/non-GF	\$1,016,344	\$12,581,155	\$854,766	\$12,485,115
Program Total:	\$13,597,499		\$13,339,881	
Program FTE	5.00	6.68	5.00	6.64

Program Revenues				
Intergovernmental	\$0	\$12,514,649	\$0	\$12,409,106
Beginning Working Capital	\$0	\$66,506	\$0	\$76,009
Total Revenue	\$0	\$12,581,155	\$0	\$12,485,115

Explanation of Revenues

- \$ 220,301 - Healthshare of Oregon (Medicaid): Based on FY19 Medicaid Rates.
- \$ 43,278 - Washington County Older Adult Behavioral Health Coordination
- \$ 43,278 - Clackamas County Older Adult Behavioral Health Coordination
- \$ 12,102,251 - State Mental Health Grant based on 2017-2019 IGA with State of Oregon
- \$ 76,009 - Beginning Working Capital

Significant Program Changes

Last Year this program was: FY 2019: 40074A-19 Mental Health Residential Services

Department: Health Department **Program Contact:** Neal Rotman
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

The Adult Mental Health Initiative (AMHI) Renamed by the Oregon Health Authority (OHA) The Choice Model Program as of 7/1/16: diverts individuals from Oregon State Hospital (OSH); coordinates successful discharge from OSH into appropriate community placements and services; coordinates care for individuals residing primarily in licensed residential facilities in order to move individuals into the least restrictive housing possible; and coordinates care and develop supports to maximize independent living; 772 individuals were served in FY18.

Program Summary

Mental Health and Addiction Services Division (MHASD) AMHI/Choice Model staff work with other MHASD units, OSH, OHA/Health Systems Division, Coordinated Care Organizations (CCO), and counties to coordinate the placement and movement of individuals primarily within a statewide network of licensed housing providers. New or enhanced services offered by AMHI can include: supported housing development and rental assistance to increase housing options matched to client need; Exceptional Needs Care Coordination (ENCC) to assure access to appropriate housing placements and the development of supports to increase success in the community; referrals to community mental health programs; referrals to Supported Employment to help move clients towards greater independence; and transition planning management to assure the most efficient utilization of the licensed residential housing stock within the community.

The overarching goal of AMHI/Choice Model is assisting individuals to achieve the maximum level of independent functioning possible. This goal is achieved by diverting individuals from admission to OSH; supporting quick, safe and appropriate discharges from OSH into the community; and providing supports (skills training, etc.) to help individuals achieve independent living in the least restrictive housing environment.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Number of Clients Served in AMHI	722	680	731	700
Outcome	% of clients receiving direct client assistance to meet basic needs (NEW) ¹	18.4%	18%	18%	18%

Performance Measures Descriptions

¹ Direct client assistance includes housing assistance, moving fees, guardianship, secure transportation and storage.

Legal / Contractual Obligation

Oregon Health Authority Intergovernmental Agreement for the Financing of Community Addictions and Mental Health Services.

Health Share of Oregon Risk Accepting Entity Participation Agreement.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$0	\$1,388,400	\$0	\$1,423,691
Contractual Services	\$0	\$2,518,457	\$0	\$2,150,550
Materials & Supplies	\$0	\$5,533	\$0	\$7,094
Internal Services	\$0	\$289,518	\$0	\$322,791
Total GF/non-GF	\$0	\$4,201,908	\$0	\$3,904,126
Program Total:	\$4,201,908		\$3,904,126	
Program FTE	0.00	11.66	0.00	11.33

Program Revenues				
Intergovernmental	\$0	\$4,137,358	\$0	\$3,904,126
Beginning Working Capital	\$0	\$64,550	\$0	\$0
Total Revenue	\$0	\$4,201,908	\$0	\$3,904,126

Explanation of Revenues

\$ 1,090,040 - Healthshare of Oregon (Medicaid): Based on FY19 Medicaid Rates

\$ 2,814,087 - State Mental Health Grant: Adult Mental Health Initiative (AMHI) based on 2017-2019 IGA with State of Oregon

Significant Program Changes

Last Year this program was: FY 2019: 40075-19 Adult Mental Health Initiative (AMHI)

Department: Health Department **Program Contact:** Devarshi Bajpai
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40094
Program Characteristics:

Executive Summary

This program offer describes the existing continuum of adult mental health care funded by Oregon Health Plan and managed by Health Share Multnomah Mental Health. The continuum addresses the needs of adults at emergent, urgent & routine levels of care. Additional respite services provide intervention when an individual's symptoms have risen beyond the scope of outpatient treatment. Outpatient treatment services provide a range of care matched to diagnosis and acuity to approximately 16,000 adults annually.

Program Summary

Adult mental health outpatient services provide a comprehensive array of treatment options that address the needs of each individual, including several categories of individual and group therapy, general and intensive case management for individuals with severe mental illness, intensive outreach and medication management. Outpatient services address long and short-term mental health needs to lessen the need for hospitalization. Since expansion of Oregon Health Plan, an average of 6,090 adults receive outpatient services each month, with many remaining in treatment for several months.

Mental health respite services are a community-based approach to stabilize individuals whose symptoms have exceeded the scope of outpatient treatment. The goal is to prevent hospitalization through early intervention with short-term, intensive residential treatment. Respite care contains a range of treatment options, including medication management, clinical treatment and post-discharge transition planning. It has been defined as a best practice when used in a continuum of treatment services.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Total adults receiving outpatient mental health and addiction services ¹	22,106	16,000	23,463	23,000
Outcome	Percent of adults readmitted to inpatient within 30 days of discharge ²	20.4%	17%	20.3%	20%

Performance Measures Descriptions

¹ Number of unduplicated Multnomah Mental Health adult enrollees who received an outpatient mental health service or addiction services during the measurement period - note: increase in clients is a result of the addition of Family Care members

² Percent of unduplicated Multnomah Mental Health adult enrollees who were readmitted to inpatient hospitalization within 30 days of discharge during the measurement period.

Legal / Contractual Obligation

Oregon Health Authority Intergovernmental Agreement for the Financing of Community Additions and Mental Health Services.

Health Share of Oregon Risk Accepting Entity Participation Agreement.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Contractual Services	\$0	\$14,520,664	\$0	\$11,886,611
Total GF/non-GF	\$0	\$14,520,664	\$0	\$11,886,611
Program Total:	\$14,520,664		\$11,886,611	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$14,520,664	\$0	\$11,886,611
Total Revenue	\$0	\$14,520,664	\$0	\$11,886,611

Explanation of Revenues

\$ 11,886,611 - Healthshare of Oregon (Medicaid): Based on FY19 Medicaid Rates

Significant Program Changes

Last Year this program was: FY 2019: 40076-19 Mental Health Services for Adults

Legal / Contractual Obligation

Oregon Health Authority Intergovernmental Agreement for the Financing of Community Addictions and Mental Health Services.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Contractual Services	\$1,364,322	\$0	\$1,268,689	\$135,726
Total GF/non-GF	\$1,364,322	\$0	\$1,268,689	\$135,726
Program Total:	\$1,364,322		\$1,404,415	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Beginning Working Capital	\$0	\$0	\$0	\$135,726
Total Revenue	\$0	\$0	\$0	\$135,726

Explanation of Revenues

\$ 135,726 - Beginning Working Capital

Significant Program Changes

Last Year this program was: FY 2019: 40077-19 Mental Health Treatment & Medication for the Uninsured

Department: Health Department **Program Contact:** Tracy Garell
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

The Early Assessment and Support Alliance (EASA) is an early psychosis intervention program addressing the needs of young persons aged 12-25 who demonstrate initial symptoms of psychosis or are found to be at high risk for developing psychosis, with the goal of developing a long-term recovery plan. EASA offers formal mental health treatment services, educational support, and employment support. The program actively involves the young person's family and other supports in treatment. The program services for approximately 180 referred individuals each year.

Program Summary

EASA is an evidence and fidelity based model formed by years of research indicating that early intervention and immediate access to treatment can directly reduce hospitalization rates and the long term disabling consequences of psychosis. The multidisciplinary team approach and program activities and services are designed to meet the standards of the model as required by the State of Oregon. The team includes both a child/adolescent and an adult psychiatrist, mental health consultants, a peer support specialist, employment support specialists, an occupational therapist and a nurse. Treatment is community-based and is comprised of services tailored to meet the unique needs of each client. Clients are paired with a psychiatrist and a mental health consultant based on age and personal preferences and cultural needs. Clients can choose from any of the following services to support their unique goals and needs: medication management, case management, supportive employment, nursing services, peer support, occupational therapy, multi-family groups, individual and/or family psychotherapy, psycho-education, and social skills building groups.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Total individuals enrolled in the EASA program receiving ongoing services	110	132	109.5	132
Outcome	% reduction in hospitalization rate three months pre and 6 months post enrollment ¹	95%	85%	83%	85%
Output	Number of unduplicated individuals referred to the EASA program	206	185	212	195

Performance Measures Descriptions

¹ This measure compares the hospitalization rate for the three months prior to services with the rate for the 6 months post EASA service enrollment which is an indication of the stabilization of the individual.

Legal / Contractual Obligation

Oregon Health Authority Intergovernmental Agreement for the Financing of Community Addictions and Mental Health Services.

Health Share of Oregon Risk Accepting Entity Participation Agreement.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$0	\$1,313,301	\$37,931	\$1,338,923
Contractual Services	\$0	\$186,200	\$0	\$182,960
Materials & Supplies	\$0	\$20,389	\$0	\$20,896
Internal Services	\$0	\$336,294	\$45,068	\$114,578
Total GF/non-GF	\$0	\$1,856,184	\$82,999	\$1,657,357
Program Total:	\$1,856,184		\$1,740,356	
Program FTE	0.00	11.04	0.25	10.96

Program Revenues				
Intergovernmental	\$0	\$1,714,891	\$0	\$1,541,501
Service Charges	\$0	\$141,293	\$0	\$115,856
Total Revenue	\$0	\$1,856,184	\$0	\$1,657,357

Explanation of Revenues

- \$ 80,189 - Health Share of Oregon (Medicaid): Based on FY19 Medicaid Rates
- \$ 115,856 - Fee For Service Insurance Receipts
- \$ 10,124 - State Community Mental Block Grant
- \$ 13,500 - State Vocational Rehabilitation Award
- \$ 1,324,668 - State Mental Health Grant based on 2017-2019 IGA with State of Oregon
- \$ 113,020 - SMHG MHS 38

Significant Program Changes

Last Year this program was: FY 2019: 40078-19 Early Assessment & Support Alliance

Department: Health Department **Program Contact:** Tracy Garell
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Community Based Mental Health for children and youth serves over 11,000 at risk children up to age 21 through a continuum of prevention, early intervention and treatment services. The majority of funding is contracted to Certified Mental Health Providers in Multnomah County. A small portion supports Early Childhood Head Start Mental Health Prevention and Treatment Services, and Child Abuse Mental Health services at CARES NW.

Program Summary

Services range from prevention/early intervention to a comprehensive continuum of treatment services in treatment centers, clinics, homes, schools and the community. The continuum of services for at risk children includes: Early Childhood Mental Health Prevention and Treatment Services at Head Start, Multnomah Early Childhood Program (MECP), Health Department Maternal Child and Family Services, and Child Abuse Mental Health Services at CARES NW provided by Multnomah County Direct Clinical Services. Health Share of Oregon Multnomah contracted services for Outpatient, Intensive Home Based Services, Psychiatric Day Treatment, Psychiatric Residential Treatment Services, Sub-Acute, and Respite.

Evidence-based practices for at risk children and their families are used to deliver: Incredible Years parent groups, early childhood classroom consultation, psychiatric day treatment, crisis respite, individual/group therapy, skill building and medication management. Care is coordinated with allied partners including Child Welfare, MECP, Head Start, Developmental Disabilities, Dept of Community Justice-Juvenile Services, Wraparound, School Based Mental Health and Physical Healthcare to ensure the best outcomes for children and youth. Prevention services to promote the development of healthy attachments and positive parenting practices are culturally responsive to ensure supports are accessible and relevant to all children and families served programs promote educational success and keep vulnerable children in home with their families, stable foster care, or with other long-term caregivers. Early Childhood Mental Health and Head Start programs provide prevention and treatment for 3,644 children, and address needs before a higher level of care is needed. As of 1/1/2016, culturally specific treatment services for Latino and African American children delivered to increase success at home and reduce the likelihood of expulsion from Head Start.

CARES NW, a child abuse mental health program, reduces the trauma of 1,042 vulnerable children and their families. In turn, this reduces risk of developing long-term health and mental health problems. Outpatient Services deliver a family-centered model to 4,252 children and parents, and seeks to promote long term stability. Intensive mental health treatment services intervene in crisis situations to keep children at home, in school, and out of trouble. The service array aligns with goals of the School Aged Policy Frameworks and Early Learning Multnomah: school readiness, strengthening families, and promoting educational success for children at risk for or with mental illness.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Total children receiving outpatient services ¹	4,089	4,200	4,057	4,100
Outcome	% of children demonstrating improvement in their global distress score ²	72.5	75%	69.5%	69.5%
Output	Total children (0-6) receiving prevention services ³	3,644	3,600	3,600	3,600
Output	Numbers of children enrollment in early childhood culturally specific treatment services ³	27	48	48	48

Performance Measures Descriptions

¹ Measure is # of unduplicated children and youth ages 0-17, with at least one reported mental health or substance use treatment encounter in any outpatient service. Multnomah Mental Health, and Multnomah Treatment Fund (MTF) claims data.

² ACORN is short/frequent survey for clients to rate symptoms. Global distress score is average score of all items on survey.

³ Two clinicians. 12 clients each. 50% productivity (Program enrollments started Dec 1st. 2016).

Legal / Contractual Obligation

Oregon Health Authority Intergovernmental Agreement for the Financing of Community Addictions and Mental Health Services
 Health Share of Oregon Risk Accepting Entity Participation Agreement
 Head Start Revenue Contract

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$1,520,943	\$695,116	\$1,637,709	\$730,259
Contractual Services	\$172,827	\$1,848,224	\$104,591	\$921,775
Materials & Supplies	\$1,622	\$20,073	\$20,724	\$1,282
Internal Services	\$119,716	\$80,436	\$214,642	\$126,688
Total GF/non-GF	\$1,815,108	\$2,643,849	\$1,977,666	\$1,780,004
Program Total:	\$4,458,957		\$3,757,670	
Program FTE	12.32	5.26	12.23	5.21

Program Revenues				
Intergovernmental	\$0	\$2,592,047	\$0	\$1,608,819
Beginning Working Capital	\$0	\$0	\$0	\$82,323
Service Charges	\$111,500	\$51,802	\$166,918	\$88,862
Total Revenue	\$111,500	\$2,643,849	\$166,918	\$1,780,004

Explanation of Revenues

- \$ 856,744 - Health Share of Oregon (Medicaid): Based on FY19 Medicaid Rates
- \$ 166,918 - Federally Qualified Health Centers Medicaid Wraparound Funds
- \$ 146,829 - Head Start Contracts
- \$ 88,862 - Fee For Services Insurance Receipt
- \$ 260,346 - Care NorthWest Family contracts
- \$ 344,898 - State Mental Health Grant: MHS 20 Non-Residential Mental Health Services based on 2017-2019 IGA with State of Oregon
- \$ 82,323 - Beginning Working Capital

Significant Program Changes

Last Year this program was: FY 2019: 40080-19 Community Based MH Services for Children & Families

Department: Health Department **Program Contact:** Tracy Garell
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Youth Care Coordination provided through Multnomah Wraparound and Intensive Care Coordination (ICC) follow the System of Care principles and values, and is a contracted service through Multnomah Mental Health and Local Mental Health Authority. Multnomah Mental Health has oversight of the screening and eligibility for children in need of intensive mental health services including the State Hospital, Psychiatric Residential Treatment Services, Psychiatric Day Treatment Services, Home Based Services, Crisis Stabilization (hospital diversion), Mental Health Respite and Care Coordination.

Program Summary

Multnomah Wraparound and ICC is funded by Oregon Health Plan via contract with Health Share of Oregon and managed by Multnomah Mental Health, with additional resources from partnering entities such as DHS Child Welfare, School Districts, Dept of Community Justice-Juvenile Justice. Approximately 200 children, youth and families are engaged in multi-system coordination at any given time.

Multnomah Wraparound and ICC address system issues by identifying trends and implementing a cross system strategic plan through a multi-tiered System of Care governance framework. The governance framework builds partnerships to facilitate planning, decision making and oversight. It also supports family and youth involvement as primary decision makers in the development, implementation and modification of the system of care for children and families. Multnomah Wraparound and ICC utilize Mental Health Treatment Services, flex funding, and community resources to meet the needs of families, monitors quality assurance, conducts utilization management, and evaluates service effectiveness. Multnomah Wraparound and ICC ensure policies and procedures are culturally competent and services are compatible with the families' cultural beliefs, practices, literacy skills and language.

Multnomah Wraparound and ICC screen approximately 270 children per year for intensive services and care coordination. Multnomah Wraparound facilitate Child and Family Teams to develop a single plan of care with blended resources. The plan of care is family-guided, culturally competent, multidisciplinary and includes both formal and natural supports to help children stay with family, in the community, in school and out of trouble. Multnomah Wraparound, as the risk accepting entity for Health Share of Oregon Multnomah, is responsible for appropriate mental health service authorizations and managing flexible fund expenditures. Service effectiveness is monitored through data collection and outcome measurement.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Number of unique children served in Youth Care Coordination ¹	440	457	536	525
Outcome	% score measuring family's satisfaction and progress in Wraparound ²	86.8%	84%	85.4%	85%
Outcome	% of families completing a Wraparound WFI-EZ survey	28%	33%	31%	31%
Output	Number of unique children screened for Youth Care Coordination eligibility	268	270	269	270

Performance Measures Descriptions

¹ Measure updated to include all Youth Care Coordination enrollments (Wraparound and Intensive Care Coordination).

² Wrap-Track State Database (Fidelity EHR) Mean Total Satisfaction Score from Wraparound WFI-EZ.

Legal / Contractual Obligation

Health Share of Oregon Risk Accepting Entity Participation Agreement

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$0	\$3,431,115	\$0	\$3,853,472
Contractual Services	\$0	\$992,689	\$0	\$703,449
Materials & Supplies	\$0	\$16,872	\$0	\$20,458
Internal Services	\$0	\$939,640	\$0	\$1,063,973
Total GF/non-GF	\$0	\$5,380,316	\$0	\$5,641,352
Program Total:	\$5,380,316		\$5,641,352	
Program FTE	0.00	29.67	0.00	29.52

Program Revenues				
Intergovernmental	\$0	\$5,380,316	\$0	\$5,641,352
Total Revenue	\$0	\$5,380,316	\$0	\$5,641,352

Explanation of Revenues

\$ 5,400,571 - Health Share of Oregon (Medicaid): Based on FY19 Medicaid Rates

\$ 172,656 - Community Mental Health Block Grant

\$ 68,125 - State Mental Health Grant MHS 37 Special Projects based on 2017-2019 IGA with State of Oregon

Significant Program Changes

Last Year this program was: FY 2019: 40081-19 Multnomah Wraparound

Department: Health Department **Program Contact:** Tracy Garell
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40080
Program Characteristics: Measure 5 Education

Executive Summary

School Based Mental Health is a vital component of the system of care for children and families, serving over 1,600 children and youth with mental health disorders in 38 schools across 6 school districts: Centennial, David Douglas, Gresham Barlow, Reynolds, Parkrose and Portland Public school districts. Mental health professionals provide evidence-based treatment in the school setting. Additionally, children, parents and school staff receive consultation from mental health consultants to assist with mental health needs during educational planning.

Program Summary

Mental health treatment is provided in schools to decrease barriers to accessing care such as stigma, cost and transportation for under-served children and youth. This program reaches children who may not have access to services in a mental health clinic and over 43% of those served are children of color. The ongoing need for culturally specific/responsive mental health treatment and outreach continues to be a priority. Cultural alignment with the students served increases therapeutic alliance which assists with addressing challenges to school attendance and contributes to school completion. Approximately 75% of the children served are insured by the Oregon Health Plan.

Multnomah County and School Districts recognize that there is a continuum of need from prevention to mental health treatment/support for students and their families. No one partner is prepared or responsible for all the needs that are identified. School Based Mental Health Consultants also provide 1,700 hours of Prevention, Education and Outreach to over 6,000 students, school staff or families each year.

School Based Mental Health Consultants provide screening, assessment, crisis intervention, individual, group and family treatment, and case management services. School Based Mental Health Consultants provide consultation to education staff to optimize educational planning for children with mental health challenges. Mental health consultants are also co-located in Student Health Centers to provide integrated physical and mental health services.

Locating mental health services in schools is a best practice and Multnomah County has been a leader in the nation by providing this program since 1969. Mental health disorders may interfere with education completion which has lifelong implications for self-sufficiency and health outcomes. In Oregon, suicide remains the second leading cause of death among young people. Earlier identification and treatment can save lives.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Total unduplicated youth referred to SBMH	1313	1,700	1285	1300
Outcome	ACORN Distribution of Patient Change Rate reported by client/student as their perception of improvement ¹	65%	65%	65%	65%

Performance Measures Descriptions

¹ Client reported outcomes are accepted as more valid as the person receiving services is reporting changes through a global distress scale measure reported over the course of treatment. The percentage is the number of clients reporting significantly improved or somewhat improved.

Legal / Contractual Obligation

Revenue contracts with school districts.

Oregon Health Authority, Intergovernmental Agreement for the Financing of Community Additions and Mental Health Services.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$1,719,661	\$1,469,474	\$1,468,827	\$1,835,071
Contractual Services	\$14,654	\$0	\$0	\$0
Materials & Supplies	\$10,625	\$3,774	\$14,194	\$5,071
Internal Services	\$95,209	\$140,276	\$178,233	\$383,600
Total GF/non-GF	\$1,840,149	\$1,613,524	\$1,661,254	\$2,223,742
Program Total:	\$3,453,673		\$3,884,996	
Program FTE	14.17	11.38	11.35	14.03

Program Revenues				
Intergovernmental	\$0	\$1,372,033	\$0	\$1,359,797
Beginning Working Capital	\$0	\$0	\$0	\$409,232
Service Charges	\$139,828	\$241,491	\$155,885	\$454,713
Total Revenue	\$139,828	\$1,613,524	\$155,885	\$2,223,742

Explanation of Revenues

- \$ 155,885 - Federally Qualified Health Center Medicaid Wraparound payments
- \$ 202,648 - Local Public Health Agency IGA with State of Oregon for School Based Clinics
- \$ 22,500 - Parkrose School District
- \$ 75,000 - Centennial School District
- \$ 454,713 - Fee for Service Insurance Receipts
- \$ 177,000 - Portland Public Schools
- \$ 882,633 - State Mental Health Grant: MHS 20 Non-Residential Mental Health Services based on 2017-2019 IGA with State of Oregon
- \$ 409,231 - Beginning Working Capital

Significant Program Changes

Last Year this program was: FY 2019: 40082-19 School Based Mental Health Services

Department: Health Department **Program Contact:** Neal Rotman
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Mental Health First Aid (MHFA) is a groundbreaking public education program that helps the public identify, understand, and respond to signs of mental illnesses and substance use disorders. In addition to MHFA, the prevention program offers a variety of evidence based trainings to county staff and the community that increases literacy around mental health challenges and interventions and suicide prevention.

Program Summary

The prevention program offers a minimum of two MHFA trainings per month with up to 30 participants per training. In Fiscal Year 2019 approximately 800 Multnomah County employees and community members will have been trained in Mental Health First Aid and Youth Mental Health First Aid. Also in Fiscal Year 2019, MHFA - Adult, Youth, and Older Adult MHFA in English and Spanish will continue to be offered to county employees as well as community groups.

Applied Suicide Intervention Skills Training (ASIST) is an evidenced-based practice to provide suicide first aid. Shown to significantly reduce suicidality, the ASIST model teaches effective intervention skills while helping to build suicide prevention networks in the community.

Over half of all people who die by suicide use a firearm. Counseling on Access to Lethal Means (CALM) is an evidence-based training that teaches people how to have conversations with people who are thinking of suicide and their loved ones about how to reduce someone's access to lethal means, namely firearms and medications, while they are experiencing a suicide crisis. We facilitate this training several times a year and have partnered with the Sheriff's Office to provide access to firearm information to licensed firearm owners in Multnomah County.

Question, Persuade, Refer (QPR) is an evidence-based 2-hour suicide awareness and prevention training. We provide this training throughout our community for churches, organizations and businesses, colleges and schools, social groups and general community members. QPR is an excellent way to give people an opportunity to talk about and learn about suicide, and is our most accessible training in terms of time and location.

At the beginning of Fiscal Year 2019, we also started offering safeTALK training. safeTALK is an evidence-based, suicide prevention model that is a middle ground for folks who want more skills than QPR provides, but not as in depth as ASIST. In FY19, the entire Bridges Division was trained in safeTALK to give them common language and skills to work with people that they encounter on and around Multnomah County-owned bridges that are at risk for suicide.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	# of individuals trained in Mental Health First Aid, ASIST ¹ , QPR and/or CALM	890	700	800	800
Outcome	% of individuals who report greater understanding of mental illness and/or suicide prevention.	86%	86%	85%	86%

Performance Measures Descriptions

¹ Reduction in number of individuals trained due to reduction in budget.

Legal / Contractual Obligation

N/A

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$104,845	\$0	\$113,875	\$0
Contractual Services	\$37,260	\$0	\$37,440	\$0
Materials & Supplies	\$20,556	\$0	\$20,556	\$0
Internal Services	\$18,625	\$0	\$17,260	\$0
Total GF/non-GF	\$181,286	\$0	\$189,131	\$0
Program Total:	\$181,286		\$189,131	
Program FTE	1.00	0.00	1.00	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues**Significant Program Changes**

Last Year this program was: FY 2019: 40083-19 Mental Health First Aid

\$181,286-County General Fund Support

Department: Health Department **Program Contact:** Neal Rotman
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Culturally-specific outpatient mental health services provide treatment for five under-served communities in our county (Pacific Islander, African-American, Eastern European, Latino, and Native-American). These communities have encountered difficulty finding mental health treatment that incorporates their culture, tradition, and language. Some communities of color are also over-represented in the criminal justice system. Through this program offer, 938 indigent individuals received services in FY18.

Program Summary

The system of care built and maintained by Multnomah County must reflect the demographics of those we serve. To ensure that all members of our community have treatment options that incorporate specific cultural needs, MCHD contracts for mental health services for individuals from five communities currently under-served or insufficiently served. Those communities are: Eastern European/Slavic/Russian Speaking, African-American, Asian/Pacific Islander, Latino/Hispanic, and Native American/ Alaskan Native. Multnomah County Mental Health prevalence data suggests that members of the African-American and Native American communities are more likely to be placed in restrictive settings such as hospitals and jails as a result of mental health symptoms. African-Americans are over represented in correctional facilities and the criminal justice system. Culturally-specific services address mental health problems through early access to culturally and linguistically appropriate treatment including nontraditional but culturally appropriate outreach, engagement, and treatment services. Early intervention can mitigate the need for expensive hospital, residential care, or crisis services.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Total culturally diverse individuals receiving services ¹	938	900	941	900
Outcome	Culturally specific persons served per 1,000 culturally diverse in population ²	3.6	3.6	3.6	3.6

Performance Measures Descriptions

¹ This total includes all persons served under this contract and does not include those culturally diverse persons served by Multnomah Mental Health or in other programs. ² Service Rate Per 1,000 Calculation- Numerator: Total unduplicated culturally diverse individuals served. Denominator: Total county census for similar groups taken from the American Community Survey estimates for 2015.

Legal / Contractual Obligation

N/A

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Contractual Services	\$2,074,369	\$0	\$1,741,341	\$0
Total GF/non-GF	\$2,074,369	\$0	\$1,741,341	\$0
Program Total:	\$2,074,369		\$1,741,341	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues**Significant Program Changes**

Last Year this program was: FY 2019: 40084-19 Culturally Specific Mental Health Services

Department: Health Department **Program Contact:** Devarshi Bajpai
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

This program serves over 3,000 individuals per year and consists of a continuum of adult addictions treatment and recovery support services for adult residents of Multnomah County. Services include: residential treatment, intensive outpatient treatment with supported housing, outpatient treatment, outreach/engagement, recovery mentoring, and recovery support (including linkages to housing support, pro-social/drug-free activities, basic needs support, etc). Research shows every dollar invested in addiction treatment yields a cost savings of nearly \$11.00.

Program Summary

Substance use disorders impact many areas of the County, particularly including the criminal justice, child welfare, and the healthcare systems. While the overall goal of treatment is to promote an individual path to recovery and well-being, additional positive impacts are experienced at the interpersonal, family, and community levels, such as: reduced recidivism rates, reduced infectious disease transmission rates, reduced crisis system utilization, and strengthening of family bonds and reunification. A recent review of Multnomah County Medicaid members revealed that, on average, receiving treatment reduced physical healthcare costs by \$4,400 per person relative to individuals who didn't receive treatment.

Our adult continuum supports treatment engagement, recovery, and a return to a healthy lifestyle. Treatment and recovery services address the negative consequences of alcohol and other drug abuse; target specific issues that are barriers to recovery; and teach pro-social/drug-free alternatives to addictive behaviors through clinical therapy (individual and group based), skill building, and peer-delivered services. Community treatment and service providers also address self-sufficiency needs through support with parenting skills, stress and anger management, housing issues, independent living skills, referrals for physical and mental health issues, employment services, and pro-social activities that build community and support for a drug-free lifestyle.

Treatment and recovery support services are delivered throughout Multnomah County by a network of state licensed community providers. These providers are culturally competent and many have bilingual staff. The continuum of treatment and recovery support includes culturally responsive programming for specific populations, including: communities of color, people living with HIV, women, and parents whose children live with them while they are residential treatment.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Number served in treatment (all levels of care)	3,537	3,371	3,395	3,371
Outcome	Percentage of clients who successfully complete outpatient treatment ¹	52%	46%	52%	46%

Performance Measures Descriptions

Performance measures reflect the continuation towards more intensive services for a fewer number of individuals with higher-level needs, and an increase in recovery support services separate from treatment. Recently implemented County reporting methods and State MOTS data have led to continually adjusting estimates. (See, Significant Program Changes section, for additional comments regarding Performance Measure 1). ¹"Successful completion of treatment" is defined as the client completing at least two thirds of their treatment plan goals and demonstrating 30 days of abstinence.

Legal / Contractual Obligation

This program is funded with federal substance abuse prevention/ treatment resources and federal Ryan White grant funds targeting individuals with HIV, as well as, state general funds through the State Oregon Health Authority (OHA) Addictions and Health Systems Division contract. Program planning is developed based on State Mental Health Grant Award requirements and submitted in the "Biennial Implementation Plan." Multnomah County accepts the State Mental Health Grant which obligates us to spend funds in accordance with State Service Elements. Local 2145 Beer and Wine tax and Marijuana tax revenues are provided to counties on a dedicated formula basis and are restricted to alcohol and drug treatment/ recovery support services.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$96,153	\$777,662	\$245,195	\$787,274
Contractual Services	\$2,503,200	\$8,074,278	\$2,170,046	\$8,052,863
Materials & Supplies	\$6,470	\$5,390	\$6,541	\$5,530
Internal Services	\$69,433	\$131,232	\$97,474	\$132,063
Total GF/non-GF	\$2,675,256	\$8,988,562	\$2,519,256	\$8,977,730
Program Total:	\$11,663,818		\$11,496,986	
Program FTE	0.65	6.70	1.85	6.50

Program Revenues				
Intergovernmental	\$0	\$8,988,562	\$0	\$8,977,730
Total Revenue	\$0	\$8,988,562	\$0	\$8,977,730

Explanation of Revenues

- \$ 155,939 - Healthshare of Oregon (Medicaid): Based on FY19 Medicaid Rates
- \$ 135,264 - Ryan White Award
- \$ 676,184 - Local 2145 Beer and Wine Tax
- \$ 500,001 - Marijuana Tax
- \$ 3,353,624 - SAPT Block Grant
- \$ 125,000 - Safe Neighborhoods Advocacy Partnership
- \$ 170,576 - TANF A&D67 Award
- \$ 47,145 - Stop ACT Grant
- \$ 249,999 - OHA Peer Delivered Services
- \$ 3,563,998 - State Mental Health Grant based on 2017-2019 IGA with State of Oregon

Significant Program Changes

Last Year this program was: FY 2019: 40085A-19 Adult Addictions Treatment Continuum

There are no significant program changes. It is important to note that youth served moved from this Performance Measure in FY 2019 and are included in 40090 Family and Youth Addictions Treatment Continuum.

Department: Health Department **Program Contact:** Devarshi Bajpai
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Gambling addiction treatment uses evidence-based practices in an outpatient setting to provide treatment to persons diagnosed with mild, moderate, or severe gambling addiction. Based on FY18 data the county's community-based providers treated approximately 318 individuals and family members. Countywide data shows that problem gamblers and family members can access treatment in less than five days from initial contact over 90% of the time, and over 55% meet retention criteria by attending a minimum of ten contact sessions (the State benchmark is 40%).

Program Summary

Multnomah County's Problem Gambling services are guided by a public health approach that takes into consideration biological, behavioral, economic, cultural, and policy factors influencing gambling and health. Services incorporate prevention, harm reduction and multiple levels of treatment by placing emphasis on quality of life issues for the person who gambles, their family members, and communities. In FY18, 186 individuals enrolled in problem gambling treatment. As noted, family participation is important, and 55 family members enrolled in treatment.

Approximately 1,400 adult Oregonians statewide receive Lottery funded treatment each year. Multnomah County has the highest rate, per capita (18 years and older), of lottery sales statewide. Nearly 90% report a preference for gambling on machines (video poker, line games, slots). Problem gambling treatment services are focused on relieving initial client stress and crisis, supporting the client and family members in treatment, and assisting the family to return to a level of healthy functioning. Problem gambling treatment assists the gambler and family in managing money/finances, rebuilding trust within the family,, and maintaining recovery.

Multnomah County provider network includes Lewis & Clark College, Volunteers of America InAct, Cascadia Behavioral Healthcare, and Voices of Problem Gambling Recovery (VPGR). The Latino Problem Gambling Tri-County Services program, administered through Lewis & Clark College, was established in FY18. An Asian Problem Gambling Program is being developed by Asian Health & Services Center for FY20. Culturally-specific programs are funded direct by the State.

Problem gambling prevention programming has focused on assessing overall community awareness of problem gambling as an issue and developing new strategies for the prevention of problem gambling disorders in Multnomah County. Prevention messaging focuses on the risks of problem gambling, tips for responsible gambling, and resources for finding help for individuals with gambling issues. In FY20, the prevention program will be working to reducing stigma related to problem gambling addiction, and promoting the Reflect, Resource, Renew campaign put together by the State's Problem Gambling Services program.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Number of gamblers and family members accessing treatment annually ¹	318	350	350	350
Outcome	Gambler successful treatment completion rate ²	33%	45%	30%	30%

Performance Measures Descriptions

¹ Output - The number of persons completing the enrollment process and entering treatment.

² Outcome - The number of gamblers completing a minimum of 75% of the short-term treatment goals, completing a continued wellness plan, and not engaging in problem gambling behaviors for a least 30 days prior to discharge. The rate is the number of successful gamblers divided by the number of unsuccessful gamblers and the "neutral" drops.

Legal / Contractual Obligation

Because Multnomah County accepts the State Mental Health Grant, we are obligated to spend funds in accordance with State Service Elements. The funds earmarked for gambling prevention and treatment in the Service Element are from Oregon Lottery revenues and may not be used for other purposes.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$0	\$19,927	\$0	\$18,458
Contractual Services	\$0	\$788,119	\$0	\$788,978
Materials & Supplies	\$0	\$2,204	\$0	\$2,204
Internal Services	\$0	\$0	\$0	\$610
Total GF/non-GF	\$0	\$810,250	\$0	\$810,250
Program Total:	\$810,250		\$810,250	
Program FTE	0.00	0.15	0.00	0.15

Program Revenues				
Intergovernmental	\$0	\$810,250	\$0	\$810,250
Total Revenue	\$0	\$810,250	\$0	\$810,250

Explanation of Revenues

\$ 38,500 - State Mental Health Grant: Local Administration - Addictions Services based on 2017-2019 IGA with State of Oregon

\$ 700,000 - State Mental Health Grant: Problem Gambling Treatment Services based on 2017-2019 IGA with State of Oregon

\$ 71,750 - State Mental Health Grant: Problem Gambling Prevention Services based on 2017-2019 IGA with State of Oregon

Significant Program Changes

Last Year this program was: FY 2019: 40086-19 Addiction Services Gambling Treatment & Prevention

A request for programmatic qualifications will be released in Spring 2019. This qualification process may impact the current provider network for both treatment and prevention. The outcome measure for successful completion rate was updated to match the State's requirement (Service Element AD-81), which is more in line with actual performance.

Department: Health Department **Program Contact:** Devarshi Bajpai
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

The Alcohol and Drug Prevention Education Program (ADPEP) uses Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant funds to address risk and protective factors for youth substance use that can lead to alcohol, tobacco, and other drug addiction. These State-funded efforts include prevention education, youth leadership activities, and support for schools and parents. With the prevention grant program now transitioned to the Oregon Health Authority's Public Health division, new emphases on tobacco prevention and environmental strategies have been introduced.

Program Summary

Beginning in FY18, Multnomah County's State-funded substance abuse prevention program refocused to begin a pilot prevention program offering services to schools, community organizations, parents and other groups. The key focus is to address alcohol and marijuana use among youth and young adults. Priorities include increasing capacity for prevention in schools, convening stakeholders to assess needs, and offering prevention activities at school sites and organizations serving youth and parents. Year 1 activities include conducting key informant interviews and parent focus groups, partnering with local coalition efforts, and starting to offer prevention activities and classes.

The goal for FY20 (the first year following the pilot) will be to identify additional schools and community programs seeking prevention programming and support for youth, parents and staff. Depending on identified needs within participating schools, prevention programming may include introducing evidence-based prevention curricula, student groups, campus-wide leadership initiatives and early intervention and referrals; offering positive youth activities (that include skill-building, health promotion, etc.); and providing presentations and educational materials at parent/family events. These prevention strategies can also be delivered to community-based groups and venues.

The prevention program became ADPEP -- the Alcohol and Drug Prevention Education Program -- when the Oregon Health Authority (OHA) moved the SAPT block grant program to its Public Health Division/Health Promotion and Chronic Disease Prevention unit. The Multnomah County 2017-19 Biennial ADPEP Local Plan now includes a tobacco policy strategy following up on the new "T21" law raising the minimum legal age to purchase tobacco in Oregon to 21. ADPEP will work with the County Public Health Tobacco Prevention Education Program (TPEP) to engage in T21 education and outreach emphasizing that it is no longer legal for tobacco or inhalant delivery systems to be purchased by 18-20 year olds.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Adults and youth served by substance abuse prevention services and programming ¹	527	275	425	425
Outcome	Prevention activity attendees/participants with improved awareness and/or educational outcomes ¹	80%	75%	75%	75%

Performance Measures Descriptions

FY20 output measures will reflect prevention programming across the community. FY20 outcome measures will be determined by evaluation measures including, but not limited to, pre-and post tests, surveys, and interviews in collaboration with participating schools, community organizations and other prevention partners.

Legal / Contractual Obligation

Contractual obligation: This program is funded with federal substance abuse prevention resources and state general funds through a State Oregon Health Authority (OHA) Public Health Intergovernmental Grant Agreement. Program plans are developed and submitted in accordance with State and Federal grant requirements. Because Multnomah County accepts the OHA Public Health revenue agreement, we are obligated to spend funds in accordance with its terms referencing applicable Oregon Administrative Rules, and/or any service elements to be determined.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$0	\$118,700	\$0	\$110,837
Contractual Services	\$0	\$193,069	\$0	\$195,280
Materials & Supplies	\$0	\$4,850	\$0	\$4,850
Internal Services	\$0	\$7,632	\$0	\$13,284
Total GF/non-GF	\$0	\$324,251	\$0	\$324,251
Program Total:	\$324,251		\$324,251	
Program FTE	0.00	1.00	0.00	1.00

Program Revenues				
Intergovernmental	\$0	\$324,251	\$0	\$324,251
Total Revenue	\$0	\$324,251	\$0	\$324,251

Explanation of Revenues

\$ 324,251 - Oregon Health Authority. Federal Substance Abuse Prevention and Treatment (SAPT) block grant and State general funds.

The SAPT block grant is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), Department of Health and Human Services.

Significant Program Changes

Last Year this program was: FY 2019: 40087-19 Addiction Services Alcohol & Drug Prevention

The substance abuse prevention program has focused its services to help build prevention capacity and offer prevention programming to schools and communities. Now funded through the Oregon Health Authority's Public Health Division Health Promotion and Chronic Disease Prevention unit, the Alcohol and Drug Prevention Education Program (ADPEP) is including more environmental strategies as well as tobacco prevention strategies. This is the final year of the pilot, and a request for programmatic qualifications will be released in Spring 2019.

Department: Health Department **Program Contact:** Neal Rotman
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Coordinated diversion includes three jail and/or hospital diversion programs for justice-involved individuals experiencing severe mental health issues. Mental health professionals staff the Community Court, Mental Health Court, and Forensic Diversion Program. Programs provide intensive support, to connect to appropriate community treatment options. Each program works to divert individuals experiencing a serious mental health issue from lengthy jail stays and promote stability in the community.

Program Summary

The three coordinated diversion programs target persons in the criminal justice system experiencing serious mental health issues who are at risk of lengthy stays in jail or the state hospital unless provided additional treatment, support, and resources. The diversion programs address the needs of residents experiencing severe mental health issues who can be safely diverted from jail and/or the State Hospital, by providing support for successful completion of court directives as well as providing linkage to community services that increase mental health stability. Initial case management and coordination protects the legal and civil rights of these individuals, ensures appropriateness of resources and decreases the unnecessary expense of time spent in jail or the State Hospital.

The Community Court Program works with defendants who have been involved in low-level quality of life crimes. The focus is on restorative justice and clients are able to participate in a variety of social services as an alternative to jail or community service. Mental Health Court provides time-limited intensive monitoring services to persons involved in the criminal justice system post-adjudication. Defendants plea into the court and are supported by Parole/probation, mental health court monitors and peer specialists. The focus is on connecting defendants to community treatment, housing, and financial and medical entitlements. Staff provides ongoing monitoring and support for persons enrolled in the Mental Health Court. Staff initiated services to 60 new participants in FY18.

The Forensic Diversion Program is a pre-adjudication program, focusing on diverting mentally ill defendants from the criminal justice system. The program also works with persons charged with felonies and misdemeanors and ordered to undergo evaluation/restoration at the Oregon State Hospital (OSH). Staff provides mental status evaluations and linkage to basic needs in the community; time-limited coordination/linkage to treatment services, housing, financial and medical entitlements, and social services. In addition, Forensic Diversion provides community restoration as an alternative to being placed in the Oregon State Hospital. This option is less restrictive and provides the client with continued stability and services while maintaining safely in their community as an alternative to extended time in the Multnomah County Detention Center.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	# of participants in Community Court	630	690	616	630
Outcome	% of participants in good standing or have successfully completed services	58%	55%	57%	57%
Output	# of participants served by Forensic Diversion	464	450	431	435
Outcome	% of participants served in the Community by Forensic Diversion	11%	33%	12%	12%

Performance Measures Descriptions

The outcomes measure the program's effectiveness to engage clients toward community based stabilization.

Legal / Contractual Obligation

Oregon Health Authority, Intergovernmental Agreement for the Financing of Community Additions and Mental Health Services

State of Oregon Safe Neighborhood Advocacy Partnership grant

US Dept of Health & Human Services Substance Abuse & Mental Health Services Administration (SAMHSA) grant

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$249,429	\$1,275,267	\$265,677	\$1,188,548
Contractual Services	\$302,287	\$354,879	\$478,131	\$208,473
Materials & Supplies	\$3,392	\$5,604	\$3,458	\$2,955
Internal Services	\$267,629	\$3,984	\$126,440	\$133,262
Total GF/non-GF	\$822,737	\$1,639,734	\$873,706	\$1,533,238
Program Total:	\$2,462,471		\$2,406,944	
Program FTE	2.00	10.70	2.00	9.70

Program Revenues				
Intergovernmental	\$0	\$1,620,273	\$0	\$1,533,238
Beginning Working Capital	\$0	\$19,461	\$0	\$0
Total Revenue	\$0	\$1,639,734	\$0	\$1,533,238

Explanation of Revenues

\$ 1,533,238 - State Mental Health Grant: MHS Special Projects based on 2017-2019 IGA with State of Oregon

Significant Program Changes

Last Year this program was: FY 2019: 40088-19 Coordinated Diversion for Justice Involved Individuals

Department: Health Department **Program Contact:** Devarshi Bajpai
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Alcohol and drug detoxification, or medically monitored withdrawal management, medically stabilizes a highly vulnerable and diverse client population. It prepares them for further alcohol and drug treatment and connects them to other services needed to resolve homelessness and health issues. There are approximately 2,400 admissions to detox services annually. Supportive Housing targets homeless addicted individuals who have completed detoxing from substances, providing additional engagement and stability to enhance outcomes of continued treatment.

Program Summary

The detoxification and stabilization program supports capacity for withdrawal management services to be provided 24 hours/day, 7 days/week under medical oversight. Clients receive prescribed medication to safely manage withdrawal symptoms and acupuncture to reduce physiological stress so they are more likely to complete the process. Services are also provided in an integrated medical clinic with primary care and dual-diagnosis capability and include culturally specific considerations for African American and Latino populations. Stabilization services include counseling; case management; referrals related to housing, food and transportation, and such economic independence resources as job training, employment referrals, benefits eligibility screening; and discharge linkage to continuing care treatment.

Supportive Housing greatly increases post-detoxification treatment engagement rates. For people who are homeless, addicted, and newly sober, it can be a vital resource in the work towards long-term recovery. Supportive Housing addresses two interwoven challenges: without housing, clients lack the stability necessary to address the problems that lead to homelessness, and without attached supportive services, the client is likely to remain homeless due to unaddressed addiction issues.

Supportive housing (\$29/day) is an evidence-based, lower-cost resource when compared to either Level 3.7 Medically Monitored Inpatient Withdrawal Management (\$945/ day) or Level 3.2 A&D Residential treatment (\$120/day), and we can provide less restrictive/expensive outpatient treatment while the individual is in supportive housing. 58 supportive housing units can each house two to three clients per year (3-4 month stays). Clients are helped by Housing Support Specialists to access key services that promote health, recovery, stability, and self-sufficiency.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Number of admissions annually to detoxification ¹	2,470	2,600	2,600	2,600
Outcome	Percentage of supportive housing unit utilization ²	95%	94%	94%	94%
Output	Number of individuals receiving supportive housing ²	324	168	168	168

Performance Measures Descriptions

¹ An admission is a person completing the admission process. There can be multiple admissions per individual.

² Average length of stay in supportive housing is 14-15 weeks. Our outcome measures reflect the annual utilization rate (Measure 2) and estimated annual number of individuals housed (Measure 3).

Legal / Contractual Obligation

Contractual obligation: This program is funded with federal substance abuse prevention and treatment resources and state general funds through the State Oregon Health Authority (OHA) Addictions and Mental Health Division (AMH) contract. Program planning is developed based on State Mental Health Grant Award requirements and submitted in the "Biennial Implementation Plan." Because Multnomah County accepts the State Mental Health Grant, we are obligated to spend funds in accordance with State service elements. Also, Local 2145 Beer & Wine Tax Revenues are provided to counties on a dedicated formula basis and are restricted to alcohol & drug services.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Contractual Services	\$1,607,167	\$1,296,616	\$1,515,276	\$671,461
Internal Services	\$23,223	\$0	\$0	\$0
Total GF/non-GF	\$1,630,390	\$1,296,616	\$1,515,276	\$671,461
Program Total:	\$2,927,006		\$2,186,737	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$1,296,616	\$0	\$671,461
Total Revenue	\$0	\$1,296,616	\$0	\$671,461

Explanation of Revenues

\$ 283,733 - State Mental Health Grant: A&D Community Mental Health Block Grant based on IGA with State of Oregon.
\$ 387,728 - State Mental Health Grant: A&D Community Behavioral and Substance Use Disorder Services based on IGA with State of Oregon.

Significant Program Changes

Last Year this program was: FY 2019: 40089-19 Addictions Detoxification & Post Detoxification Housing

Department: Health Department **Program Contact:** Devarshi Bajpai
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

This program provides a continuum of services for youth in outpatient, residential, early recovery, and culturally-specific outpatient addiction treatment services. Additionally, this program provides alcohol/drug-free supportive housing resources for families of adult parent(s) who are in addictions treatment. Annually, approximately 90 families receive housing supports in family-focused recovery housing communities.

Program Summary

A 2015 report from the Center for Behavioral Health Statistics and Quality cites the fact that around 37,000 adolescents in Oregon (almost 13% of the total adolescents) per year report using illicit drugs. Youth alcohol and drug treatment focuses on the developmental issues of youth, to mitigate the immediate and long-term consequences of substance abuse. Our youth treatment continuum reflects collaboration with schools, juvenile justice, and a network of community-based treatment and recovery support providers. This collaborative network provides outreach/engagement services, outpatient treatment, residential treatment, and recovery support services for youth and families with an income at or less than 200% of Federal Poverty Level.

The Family Alcohol and Drug-Free Network (FAN) is a collaboration of community providers supporting families in 89 units of Central City Concern long-term transitional housing. FAN provides a clean, safe and sober living environment in which parents can raise their children while in a recovery supported environment. FAN offers families an array of services, including: rent assistance, family mentoring, and housing case management. Goals focus on supporting the sobriety and recovery of the parent(s); family reunification in cases of child welfare involvement; supports to enhance family stability, economic self-sufficiency, pro-social/ drug-free relationships and community involvement; and placement in permanent housing. The FAN Housing Coordination program helps those families in early recovery as they transition from residential treatment to locate suitable Alcohol and Drug Free Communities (ADFC) recovery-focused housing, as well as providing assistance with housing maintenance and referrals to other supportive resources. Access to this supportive ADFC housing in turn lays a foundation for families' future self-sufficiency and ability to obtain permanent housing. FAN Rent Assistance provides payment of rent and associated expenses inclusive of deposits, move-in costs, and utilities.

Altogether, the services embedded within the family and youth addictions treatment continuum are vital to serving youth and families, many of whom struggle with a myriad of challenges such as trauma histories, dual diagnoses, generational cycles of poverty, incarceration, and fragmented family structures among other difficulties.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Number of households that received rent assistance	86	85	85	85
Outcome	Exiting families that move into long-term permanent housing	75%	75%	75%	75%
Output	Number of families that received housing coordination services	89	120	90	90
Output	Number of youth served in outpatient treatment	45	45	45	45

Performance Measures Descriptions

The performance measures shown above are consistent with measures attached to these funds by the State, and based on provider quarterly reports submitted to the State via the County. State funds to staff housing coordination were reduced in the current biennium, impacting support to families seeking employment and affordable permanent housing. Measures 1 & 3 were adjusted for FY19 to accurately reflect expectations.

Legal / Contractual Obligation

This program is funded with federal substance abuse prevention and treatment resources and state general funds through the State Oregon Health Authority (OHA). Because Multnomah County accepts the State Mental Health Grant, we are obligated to spend funds in accordance with regulations regarding State Service Elements. Additionally, Local 2145 Beer & Wine tax revenues are provided to counties on a dedicated formula basis and are restricted to use for alcohol & drug services.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Contractual Services	\$137,727	\$493,647	\$128,073	\$459,216
Total GF/non-GF	\$137,727	\$493,647	\$128,073	\$459,216
Program Total:	\$631,374		\$587,289	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$493,647	\$0	\$459,216
Total Revenue	\$0	\$493,647	\$0	\$459,216

Explanation of Revenues

\$ 27,700 - Local 2145 Beer & Wine Tax

\$ 275,100 - SAPT Block Grant

\$ 156,416 - State Mental Health Grant: A&D Community Behavioral and Substance Use Disorder Services based on 2017-2019 IGA with State of Oregon

Significant Program Changes

Last Year this program was: FY 2019: 40090-19 Family & Youth Addictions Treatment Continuum

Department: Health Department **Program Contact:** Devarshi Bajpai
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

The Family Involvement Team (FIT) for Recovery program is a collaborative effort with Oregon Department of Human Services/Child Welfare, alcohol and drug treatment providers, social service agencies, and the Family Dependency Court. In FY19, the FIT for Recovery program connected approximately 270 unique individuals with addictions treatment and provided enhanced services to assist clients to successfully complete treatment and maintain recovery.

Program Summary

The FIT for Recovery Core Team, housed at the Family Dependency Court, works with parents involved with DHS Child Welfare who may have a substance use disorder and be in need of treatment services. Volunteers of America outreach workers, located at Multnomah County DHS offices, begin working with the families by screening parent/s for an addictive disorder and referring to a treatment program.

Once in treatment, FIT case managers at the treatment agencies provide the family with supportive services including case management, family therapy, and family recovery services to assist the parent/family in being successful and in developing a recovery plan. DHS Child Welfare caseworkers assist and collaborate with parent skill building, ensuring child visitation and reunification while in treatment. Peer and parent mentors are also available through the FIT collaborative before, during, and after treatment.

FIT partners include: DHS Child Welfare, Family Dependency Court, Cascadia Behavioral Healthcare, CODA, Inc., Lifeworks NW, Central City Concern, Volunteers of America, Oregon and their Family Recovery Support/Miracles partnership, NARA, Inc., Bridges to Change, Miracles Club, Raphael House and Morrison Center.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Number of FIT Triage starts per year	878	800	868	800
Outcome	Average monthly number of clients in treatment	93	95	96	NA
Outcome	% of FIT screened clients who enter treatment	86.5%	NA	91%	81&

Performance Measures Descriptions

Output: FIT Triage starts are the number of individuals referred from DHS to FIT Outreach Workers.

Outcome: A target outcome of the collaborative efforts between DHS Child Welfare, FIT Outreach Workers/Screeners, and Agency Case Managers is to engage individuals with child-welfare involvement in substance use disorder treatment, increasing the likelihood of parent/child reunification. FY20 program offer has been updated to be in line with program instructions.

Legal / Contractual Obligation

Multnomah County accepts the State Mental Health Grant, and we are obligated to spend funds in accordance with State Service Elements.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Contractual Services	\$0	\$445,107	\$0	\$440,442
Total GF/non-GF	\$0	\$445,107	\$0	\$440,442
Program Total:	\$445,107		\$440,442	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$445,107	\$0	\$440,442
Total Revenue	\$0	\$445,107	\$0	\$440,442

Explanation of Revenues

\$ 440,442 - State Mental Health Grant - Community Behavioral and Substance Use Disorder based on 2017-2019 IGA with the State.

Significant Program Changes

Last Year this program was: FY 2019: 40091-19 Family Involvement Team

FY20 performance measures have been updated to be in line with program instructions. The previous outcome was better defined as an output. The revised outcome (% of FIT screened clients who enter treatment) better demonstrates collaboration between outreach/screening workers and agency case managers to expedite treatment engagement for individuals with child-welfare involvement.

Legal / Contractual Obligation

Risk Accepting Entity contract with Health Share of Oregon CCO.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$0	\$3,980,861	\$0	\$4,567,066
Contractual Services	\$0	\$1,529,405	\$0	\$151,678
Materials & Supplies	\$0	\$6,338	\$0	\$8,608
Internal Services	\$0	\$933,781	\$0	\$1,090,694
Total GF/non-GF	\$0	\$6,450,385	\$0	\$5,818,046
Program Total:	\$6,450,385		\$5,818,046	
Program FTE	0.00	35.90	0.00	38.10

Program Revenues				
Intergovernmental	\$0	\$6,450,385	\$0	\$5,818,046
Total Revenue	\$0	\$6,450,385	\$0	\$5,818,046

Explanation of Revenues

\$ 5,725,053 - Healthshare of Oregon (Medicaid): Based on FY19 Medicaid Rates

\$ 80,078 - Ryan White Award

\$ 12,918 - State Mental Health Grant MHS 37 Special Projects based on 2017-2019 IGA with State of Oregon

Significant Program Changes

Last Year this program was: FY 2019: 40094-19 Medicaid Insurance Plan Administration and Operations

Department: Health Department **Program Contact:** Rachael Banks
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40048
Program Characteristics:

Executive Summary

The Public Health Office of the Director provides leadership as the local public health authority. The PHD plays a unique and required governmental public health role by being responsible for guiding policies, systems, and programs that promote and protect the health of, and prevent disease for, all residents and diverse communities within Multnomah County. Equity-focused strategies include direct services, policy interventions, public education, and communications, community partnerships, planning, and assessment.

Program Summary

The Office of the Director supports the Multnomah County Board of Health (BOH) in its authority and responsibility to set health policy for the county and ensure health for all residents. The Office of the Director provides regular updates and identifies the most pressing public health issues facing the community to the BOH through sharing health data, community wisdom, and promising practices. The BOH and PHD coordinate to identify policy and systems level changes that reduce health disparities in the leading causes of preventable death and disability in the County. Currently, the focus is on chronic disease and injury prevention policies and systems interventions.

Leadership and Policy: This unit implements the strategic direction and anticipates future needs of public health in Multnomah County through leading division-wide strategies and participating in regional and statewide public health systems. Major areas of focus include assessment and implementation of public health system reform and leadership on the Coalition of Local Health Officials, the Governor-appointed Public Health Advisory Board of the Oregon Health Authority, and the Multnomah County Public Health Advisory Board. Key activities include implementing public health education and communication campaigns.

Community Partnerships and Capacity Building: Community Powered Change, a Community Health Improvement Planning contract with a community partner coalition, identifies and implements community-driven recommendations addressing longstanding and persistent health inequities through aligning Public Health Division activities with community needs and priorities and shifting public health practice and organizational culture toward the elimination of health disparities.

Partnership Coordination: Develops and coordinates division-level health equity work, community engagement, and partnerships to support approaches and policies to decrease health disparities. Strategies include: the Future Generations Collaborative, a culturally-specific, trauma-informed partnership with Native American and Alaska Native community members, Native-serving organizations; Pacific Islander Coordination which convenes and supports the PI Coalition to identify community priorities and address health inequities; support for Community Health Worker (CHW) training for community-based organizations to conduct cultural specific CHW certification training; improving institutional practice on partnerships; and building and maintaining a competent and culturally responsive public health workforce.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Number of Multnomah County Public Health Advisory Board meetings	10	12	13	12
Outcome	Number of policy and/or service system strategies presentations to the BOH	NA	NA	2	5
Output	# internal/external partners provided TA in applying culturally responsive partnership/equity strategies	NA	NA	15	20

Performance Measures Descriptions

1) Measures moved from program offer 40001. 2) New measure. 3) New measure.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$881,883	\$0	\$1,488,431	\$0
Contractual Services	\$439,076	\$150,000	\$975,109	\$150,000
Materials & Supplies	\$95,841	\$0	\$153,504	\$0
Internal Services	\$238,697	\$0	\$254,225	\$0
Total GF/non-GF	\$1,655,497	\$150,000	\$2,871,269	\$150,000
Program Total:	\$1,805,497		\$3,021,269	
Program FTE	6.30	0.00	10.70	0.00

Program Revenues				
Intergovernmental	\$0	\$150,000	\$0	\$150,000
Other / Miscellaneous	\$0	\$0	\$0	\$0
Total Revenue	\$0	\$150,000	\$0	\$150,000

Explanation of Revenues

\$ 150,000 - State: MCH Child and Adoles

Significant Program Changes

Last Year this program was: FY 2019: 40001-19 Public Health Administration and Quality Management

In FY19, the Leadership and Policy elements of this program offer were included in 40001 Public Health Administration and Quality Improvement. This unit, Community Powered Change (CPC)/Community Health Improvement Plan (CHIP), and health equity staff are core components of the Public Health Division and were moved to this program offer in FY20 as part of divisional and program offer reorganization.

Department: Health Department **Program Contact:** LaRisha Baker
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40056, 40055, 40058, 40054
Program Characteristics:

Executive Summary

Maternal, Child, and Family Health (MCFH) Administration provides leadership, compliance, quality, and program data oversight and support to MCFH programs within the Public Health Division. MCFH Administration sets a health equity-focused strategic direction and assures compliance to program and fiscal standards for all MCFH programs.

Program Summary

MCFH Administration supports the following programs: Healthy Birth Initiatives; Nurse Family Partnerships; Healthy Families, Healthy Homes Asthma Home Visiting, and Community Based Health Consulting. MCFH Administration ensures that service delivery is focused on improving health outcomes before, during, and after pregnancy to reduce racial/ethnic disparities in perinatal and birth outcomes. To implement this approach, MCFH Administration provides administrative and leadership functions to its programs.

Administrative functions include fiscal and programmatic compliance; health information technology management; and quality assurance. These functions support assessing and evaluating partner, client, and service delivery needs based on program outcomes; overseeing contracts, billing, health information technology systems, and compliance with Local, State, and Federal guidelines; and implementing quality and process improvements.

Leadership functions include program management, partnership engagement, and health equity-focused strategic planning. These functions support working with clients, program leadership, community-based service-delivery partners, and other County programs to set the strategic direction for MCFH programs. Examples include working to shift the MCFH workforce culture toward the elimination of racial/ethnic disparities by implementing culturally specific and responsive programs and meaningful community partnerships.

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Number of billable visits that meet targeted case management (TCM) requirements	NA	NA	4,519	1,320
Outcome	Percent of partnership contracts in compliance	NA	NA	100%	100%
Quality	Number of monthly chart audits completed	NA	NA	326	200

Performance Measures Descriptions

1) Billing requirements that meet the provision with Medicaid program that allows reimbursement for specific case management services. FY20 Offer reduction due to reduction in NFP services. 2) Contracts are created and executed in compliance with County rules and practice. 3) Provider charts are audited for compliance that meets, HIPAA privacy, nursing charting standards, and TCM requirements.

Legal / Contractual Obligation

MCFH Administration ensures that all MCFH programs comply with a number of legal/contractual guidelines related to model fidelity, Federal Uniform Grant Guidelines, LPHA State/Federal Program Requirements, FQHC Rulebook OAR 410-147-0595, MCM OAR 410-130-0595, TCM OAR 410-138-0000 through 410-138-0420, Title V/Maternal Child Health. Targeted Case Management requires matching local funds.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$941,698	\$21,339	\$978,014	\$20,806
Contractual Services	\$115,100	\$101,388	\$49,300	\$100,000
Materials & Supplies	\$42,579	\$0	\$61,095	\$1,921
Internal Services	\$226,637	\$2,273	\$246,865	\$2,273
Total GF/non-GF	\$1,326,014	\$125,000	\$1,335,274	\$125,000
Program Total:	\$1,451,014		\$1,460,274	
Program FTE	8.35	0.14	8.00	0.13

Program Revenues				
Intergovernmental	\$0	\$125,000	\$0	\$125,000
Total Revenue	\$0	\$125,000	\$0	\$125,000

Explanation of Revenues

\$ 100,000 - State: MCH Child and Adoles Grant
 \$ 25,000 - Early Home Visit Grant

Significant Program Changes

Last Year this program was:

This program offer is new for FY20 as part of Public Health Division program offer reorganizations. In previous fiscal years, MCFH Administration was included as part of multiple program offers: 40054 Nurse Family Partnerships; 40055 Home and Community Based Health Consulting, and 40056 Healthy Families. This program offer continues to provide leadership and administrative support to these program offers, as well as 40058 Healthy Birth Initiatives, and does not represent new funding.